

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40476

State File No. _____

No. 300
10-48

FILED JAN 2 1957

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) --a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. CITY OR TOWN Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital		e. STREET ADDRESS (If rural, give location) 620 W. Jackson	
3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) Louise	
c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1956	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 13, 1930
9. AGE (In years last birthday) 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Gurdon, Ark.
10b. KIND OF BUSINESS OR INDUSTRY Own home		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Althia Smith	
14. NAME OF HUSBAND OR WIFE George N. Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO. 512-26-1677		17. INFORMANT'S SIGNATURE OR NAME George N. Davis ADDRESS Mexico, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RENAL SHUT DOWN ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UTERINE INFECTION DUE TO (c) ABORTION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —	
19a. DATE OF OPERATION 12-21-56		19b. MAJOR FINDINGS OF OPERATION INFECTED ABORTION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 24 hours 36 HRS 30 HRS	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-21, 1956 to 12-23, 1956 , that I last saw the deceased alive on 12-23, 1956 , and that death occurred at 12:28 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Edward Davis M.D. (Degree or title)		23b. ADDRESS 209 E Jackson Mexico Mo	
23c. DATE SIGNED 12-23-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Dec. 23, 1956		24c. NAME OF CEMETERY OR CREMATORY West Lawn	
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Blanche Neely ADDRESS Mexico, Mo.	
DATE REC'D BY LOCAL REG. Dec. 23, 1956		25. FUNERAL DIRECTOR'S SIGNATURE Blanche Neely ADDRESS Mexico, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Earl S. Pucka

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.