

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1957

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 27-76 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Valle

c. CITY OR TOWN Rural-Valle

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1 DeSoto, Mo.

e. STREET ADDRESS (If rural, give location) Rt. 1 DeSoto, Mo. 0500

3. NAME OF DECEASED
a. (First) Lula b. (Middle) Belle c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) 2/24/57

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Apr. 7, 1889

9. AGE (In years last birthday) 67

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Prescott, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. J. Dickerson

13b. MOTHER'S MAIDEN NAME Caroline Baybers

14. NAME OF HUSBAND OR WIFE Chas. E. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Davis Rt.1, DeSoto, 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) Basal cell carcinoma of face with destruction of right side of face
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fall
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 or 6 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
191x

20. AUTOPSY? 2
YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 1952, to Feb 24, 1957, that I last saw the deceased alive on Feb 23, 1957, and that death occurred at 7:45 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.

23b. ADDRESS DeSoto, Mo

23c. DATE SIGNED 2-26-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/27/57

24c. NAME OF CEMETERY OR CREMATORY Victoria

24d. LOCATION (City, town, or county) (State) Victoria Mo.

DATE REC'D BY LOCAL REG. 3-11-57

REGISTRAR'S SIGNATURE Marie Harris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Mothershead DeSoto, Mo.

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

146
0

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 14 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 *J Lee Mathershead*.....

Licensed Embalmer No. *353*

P. O. Address *De Soto, 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.