

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28727**

No. 300
10-48

FILED SEP 12 1957

BIRTH NO.		REG. DIST. NO. 299		PRIMARY REG. DIST. NO. 4312		Registrar's No. 137			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo.				b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Ethel		c. LENGTH OF STAY (in this place) 42 yrs		c. CITY OR TOWN Ethel		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0 6th St					
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE			b. (Middle) L.		c. (Last) DAVOLT		4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 7, 1871		9. AGE (In years last birthday) 85 IF OVER 1 YEAR Months 8 Days 17 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 Own home		11. BIRTHPLACE (City and State or Foreign Country) Linn County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Daniel Cobson			13b. MOTHER'S MAIDEN NAME Sarah Gardner		14. NAME OF HUSBAND OR WIFE J. A. Davolt				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME J. A. Davolt				ADDRESS Ethel, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Generalized Arteriosclerosis							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ethel Macon, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 8-30, 1954 , to 8-24, 1957 , that I last saw the deceased alive on 8-23, 1957 , and that death occurred at 1:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) Robert Carson D.O.				23b. ADDRESS KOH			23c. DATE SIGNED 8-24-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 26, 1957		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Ducklin, Mo.			
DATE REC'D BY LOCAL REG. 8-26-57		REGISTRAR'S SIGNATURE Ruth McNeely			25. FUNERAL DIRECTOR'S SIGNATURE E. C. Larson				
					ADDRESS Ducklin Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

1957

