

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32554

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Elsberry</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Elsberry</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>Rural Hurricane TWN.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>L.</b> c. (Last) <b>DAVIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 25, 1872</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>85 7 25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City, and State or Foreign Country) <b>Poley Lincon Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline McClellan</b>		14. NAME OF HUSBAND OR WIFE <b>Ephrim Davis (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cecil Davis Elsberry, Missouri</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL DROPLEXY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7-17, 1957**, to **9-20, 1957**, that I last saw the deceased alive on **9-20, 1957**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mrs. M. L. Davis</b>		23b. ADDRESS <b>ELSBERRY, MO</b>		23c. DATE SIGNED <b>9/20/57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/22/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elsberry City Cemetery Elsberry Lincoln Mo.</b>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>10/4/57</b>		REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kintz</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kent Clifton Miller - Elsberry, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

455-0

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 Sept 20-1957, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clifton Miles

Licensed Embalmer No. 3369

P. O. Address Elkay, N.Y.

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.