Health, Welfare Public Service

0883

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015341
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 801 S. Ault — Length of stay in 1b: 90 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: Macon 0611 — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 406 N. Mo. — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: Nora Middle: Ellen Last: Davis

4. DATE OF DEATH Month Day Year: April 21, 1958

5. SEX: Female 2

6. COLOR OR RACE: Negro

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ 0 **DIVORCED** ☐

8. DATE OF BIRTH: 9/30/1869

9. AGE (In years last birthday): 88 — 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: ——

11. BIRTHPLACE (City and state or country): Macon Mo. 0

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

13. FATHER'S NAME: James Davis

14. MOTHER'S MAIDEN NAME: Isabell Head

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No.

17. INFORMANT Address: Mrs. Leng Ford Macon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ~~Angina~~ Left Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 2-days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arterial Hypertension — 3
DUE TO (c): Large abdominal Tumor. 334X — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ ?

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr. 14/58, to Apr. 21/58 and last saw her alive on Apr. 19/58
Death occurred at 10:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. L. E. Huber MD 0

22b. ADDRESS: Moberly Mo.

22c. DATE SIGNED: 4/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/25/58

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.

23d. LOCATION (City, town, or county) (State): Macon Mo.

24. FUNERAL DIRECTOR: Lester Hutton — **ADDRESS:** Macon, Mo.

25. DATE RECD. BY LOCAL REG.: 4/25/58

26. REGISTRAR'S SIGNATURE: Leola Lane

(Licensed Embalmer's Statement on Reverse Side)

2-69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Charles L. Hutto

Licensed Embalmer No.....45

P. O. Address.....Macon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.