

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030064

STATE FILE NUMBER

FILED AUG 20 1958

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 300

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v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLAT RIVER		c. CITY OR TOWN FLAT RIVER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) EMERSON	
3. NAME OF DECEASED (Type or print) First Middle Last EMMA B. DAVIS		4. DATE OF DEATH Month Day Year 8 4 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 29-1822
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 86 9 27
11. BIRTHPLACE (City and state or country) MADISON CO, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM WHITE		13b. MOTHER'S MAIDEN NAME CORNELIA UNDERWOOD	
14. NAME OF HUSBAND OR WIFE EDGAR DAVIS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address MRS. FRANK JOHNSON, FLAT RIVER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) (pr quite senile)			INTERVAL BETWEEN ONSET AND DEATH 5 days Several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT: SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 24-1958 to Aug 4-58 and last saw her alive on Aug 3-58 Death occurred at 1:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. W. Zupan D.O.		22b. ADDRESS Flat River mo	
22c. DATE SIGNED 8/6/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Underwood Cem	23d. LOCATION (City, town, or county) (State) Madison Co. mo.
24. FUNERAL DIRECTOR Raymond Caldwell and Son Flat River, mo.		25. DATE RECD. BY LOCAL REG. Aug 6, 1958	26. REGISTRAR'S SIGNATURE Eather Rudloff

