

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37404**

FILED NOV 27 1956

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 2016		Registrar's No. 336	
1. PLACE OF DEATH a. COUNTY Colo b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City c. LENGTH OF STAY (in this place) 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Wayne c. CITY (If outside corporate limits, write RURAL and give township) Piedmont, Mo. d. STREET ADDRESS (If rural, give location) 1110			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) _____ c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 14, 1956		5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH April 7, 1976 9. AGE (in years last birthday) 80 10. UNDER 1 YEAR Months 7 Days 17 11. UNDER 1 HRS. Hours 7 Min. 17	
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 (State or foreign country) Moniteau, Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Martin Jahn		13b. MOTHER'S MAIDEN NAME Mary Weisser		14. NAME OF HUSBAND OR WIFE R. B. 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'S SIGNATURE OR NAME Mrs. Francis Alderson ADDRESS California, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strangulation of large incisional hernia containing most of abdominal viscera! 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	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5613	
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 <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 Nov. 13, 1956 , to Nov. 14, 1956 , that I last saw the deceased alive on Nov. 14, 1956 , and that death occurred at 9.45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. A. O'Connor M.D. (Degree or title)				23b. ADDRESS Jefferson City, Missouri		23c. DATE SIGNED 11-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Jamestown, Missouri	
DATE REC'D BY LOCAL REG. 19 Nov. 1956		REGISTRAR'S SIGNATURE R. P. Dorris M.D.		25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson		ADDRESS California, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 4

1911

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.

Signed A. E. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.