

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006838
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Rural</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u> <u>0891</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hospital</u>		Length of stay in 1b <u>15 years</u>	d. STREET ADDRESS (If outside, give location) <u>211 South Whitman</u>
3. NAME OF DECEASED (Type or print) First <u>ROSA</u> Middle <u>MAE</u> Last <u>DAVIS</u>			4. DATE OF DEATH Month <u>February</u> Day <u>19</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 3, 1889</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garment Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cost. Industry</u>	11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John M. Bell</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Frazer</u>		14. NAME OF HUSBAND OR WIFE <u>LeRoy Davis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-10-2987</u>	
17. INFORMANT <u>James Bell, Kansas City, Missouri</u>		Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4341</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>2-18-58</u> to <u>2-19-58</u> and last saw her alive on <u>2-19-58</u> Death occurred at <u>Ray Co. Mo.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>G. B. Fry, M.D.</u>		22b. ADDRESS <u>Richmond, Mo.</u>	
22c. DATE SIGNED <u>2-20-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 21, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Richmond Memory Park</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>	
24. FUNERAL DIRECTOR <u>Most-Like Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>2-22-1958</u>	
ADDRESS <u>Richmond, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Madal Jackson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No synonyms may be used. All diseases in Part I must be causally related.

MAR 5 1958

MAR 12 1958

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.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4065

P. O. Address 

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.