

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41267

State File No. _____

NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 0144 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELBY</u>	
b. CITY OR TOWN <u>EMDEM.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>EMDEM.</u>	d. STREET ADDRESS (If rural, give location) <u>EMDEM. Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EMDEM. Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMMEE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 11 - 1952</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>DECEMBER 16th 1898</u>	9. AGE (In years last birthday) <u>53</u>	10. MONTHS <u>10</u>	11. DAYS <u>25</u>	12. HOURS & MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ASST. CASHIER.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PHILADELPHIA, MARION Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN LEFOE</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA BOWEN</u>	14. NAME OF HUSBAND OR WIFE <u>ROLLA J. DAVIS</u>
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>487-30-0255</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. M. Feely</u>	18. ADDRESS <u>Marion Co. Mo.</u>
--	--	---	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>By bullet self inflicted from Colt Automatic Challenger Pistol 22 long rifle</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
DUE TO (b) _____		DUE TO (c) <u>The above verdict from Coroner jury</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>E970X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Emdem Shelby Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Musgrove (Coroner)</u>	23b. ADDRESS <u>Belhel, Mo</u>	23c. DATE SIGNED <u>11/15/52</u>
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANDREW CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County, Missouri</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-17-52</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SONS</u>	ADDRESS <u>Monroe City, Mo.</u>
--	---	---	---------------------------------

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

1020

DEC 2 1937

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert L. Thielson

Licensed Embalmer No. 3214

P. O. Address Monroe City, 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.