

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22827

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Livingston.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>LIVINGSTON.</b>	
b. CITY OR TOWN <b>Ludlow</b>		c. CITY OR TOWN <b>Ludlow.</b>	
c. LENGTH OF STAY (in this place) <b>504 years.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME in Ludlow.</b>		e. STREET ADDRESS (If rural, give location) <b>city 0590</b>	
3. NAME OF DECEASED a. (First) <b>SALLIE</b> b. (Middle) <b>FRANCES</b> c. (Last) <b>DAVIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 7 1955</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED.</b>	8. DATE OF BIRTH <b>Aug 3 - 1879</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>THOMAS CROWLEY</b>		13b. MOTHER'S MAIDEN NAME <b>CAIN.</b>	14. NAME OF HUSBAND OR WIFE <b>Ira H. DAVIS.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ira H. Davis Ludlow, Mo.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Rt Breast</b>	
19a. DATE OF OPERATION <b>1954</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Rt Breast</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201 H</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <b>Aug 7 1955</b> to <b>Aug 7 1955</b> , that I last saw the deceased alive on <b>Aug 7 1955</b> , and that death occurred at <b>10:20 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>E Goldberg M.D.</b>		23b. ADDRESS <b>Braymer Mo. 87815</b>	
23c. DATE SIGNED <b>8/15</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24a. DATE <b>Aug 9 - 1955</b>		24b. NAME OF CEMETERY OR CREMATORY <b>Monroe</b>	
24c. LOCATION (City, town, or county) (State) <b>Ludlow Mo</b>		24d. DATE REC'D BY LOCAL REG. <b>August 8, 1955</b>	
24e. REGISTRAR'S SIGNATURE <b>Walter A. Guing 175</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dickerson Funeral Home Bogard Mo</b>	

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

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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..... *R M Marshall Jr*

Licensed Embalmer No. *44*

P. O. Address *Carroll*

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.