

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30300

State File No. _____

No. 300
10.48

FILED SEP 19 1955

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898 Registrar's No. 20

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|--|--|---|-----------------------|--|------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Ozark</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> | | b. COUNTY <u>Ozark</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Township</u> | | c. CITY OR TOWN | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>Richland Township 0170</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | | | b. (Middle) <u>L.</u> | | c. (Last) <u>DAVIS</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>9 13 55</u> | | 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>10-29-1865</u> | | 9. AGE (In years last birthday) <u>89</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kent.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME <u>Whillock</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Joe W. DAVIS</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>L.H. HATHCOCK</u> | | ADDRESS <u>TEAMSOLM</u> | | | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | II. OTHER SIGNIFICANT CONDITIONS <u>Senile Dementia</u> | | 1 yr | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | III. ANTECEDENT CAUSES <u>Rheumatoid Arthritis</u> | | 5 yr | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|--|--|---|--|
| 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 9-10, 1955, to 9-13, 1955, that I last saw the deceased alive on 9-10, 1955, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>M. J. Hoernow D.O.</u> | | 23b. ADDRESS <u>Gainesville Mo</u> | | 23c. DATE SIGNED <u>9-15-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-15-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Clear Springs</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shana Mahan</u> | | ADDRESS <u>Clinkinghead Gainesville Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0170

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 *John B. Carey*

Licensed Embalmer No. *488*

P. O. Address *Cambridge*

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.