

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

State File No. **34401**  
Registrar's No. **158**

**FILED NOV 7 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4443**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Randolph</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Huntsville</b>		c. CITY OR TOWN <b>Huntsville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>27 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>Don't know</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Don't know</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Minnie</b>	a. (First)	b. (Middle)	c. (Last) <b>Davis</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>October 30 1955</b>
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<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>August 4, 1897</b>	<b>9. AGE</b> (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Randolph County, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>Will Maupin</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Zettie Derrick</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>James Davis</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>James T. Davis: Huntsville, Missouri</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b> <b>1 week</b> <b>?</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypostatic pneumonia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Fracture left femur</b> <b>DUE TO (c) arteriosclerosis-hypertension</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>9040</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>21</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Huntsville Randolph Missouri</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Oct 8, 1955, to Oct 30, 1955, that I last saw the deceased alive on Oct 20, 1955, and that death occurred at 1:10 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>P. M. Maupin D.D.</b>	<b>23b. ADDRESS</b> <b>Clyde Hill</b>	<b>23c. DATE SIGNED</b> <b>11-1-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>Nov. 2, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Huntsville Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Huntsville, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>11-4-1955</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mary H. Sawyer</b>	<b>482</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Tom B. Patton</b>	<b>ADDRESS</b> <b>Huntsville</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

mno

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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 *Tom B Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Hunterville*.....

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.