

STANDARD CERTIFICATE OF DEATH

37639

Dr. Herman
FILED DEC 12 1955

State File No. _____
Registrar's No. 29

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5889

1. PLACE OF DEATH a. COUNTY <u>Ozark</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dugginsville</u> c. LENGTH OF STAY (in this place) <u>70 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dugginsville, mo - 170</u> d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>DEAL</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 27, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1866</u>		
9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Tenn.</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			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jack Nash</u>			
13b. MOTHER'S MAIDEN NAME <u>Susie Jeans</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Davis (deceased)</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>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Jack Davis</u>					
ADDRESS <u>Wasola, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of face with metastasis</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>191x</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yr</u>		
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)			
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 _____, 19 <u>50</u>, to <u>Nov 27, 19 55</u> that I last saw the deceased alive on <u>October, 19 55</u>, and that death occurred at <u>8:00 a.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. J. Hoerman, D.D.</u>			23b. ADDRESS <u>Gainesville, Missouri</u>		
23c. DATE SIGNED <u>12-5-55</u>			23d. BUREAU OF HEALTH		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-1955</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Wasola</u>		24d. LOCATION (City, town, or county) (State) <u>Wasola, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-10-55</u>		REGISTRAR'S SIGNATURE <u>Thana Mahan 461</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Young</u>		ADDRESS <u>Mtn. Home, Ark.</u>			

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 _____

Robert J. Young

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert J. Young*

Licensed Embalmer No. *1077*

P. O. Address *Mtn Home, Ark*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.