

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15488

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>60</u>		
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>MONETT 0</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		d. STREET ADDRESS (If rural, give location) <u>330 W. PATTERSON ST.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. VINCENT HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>E.</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15, 1956</u>					
5. SEX <u>MALE 0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 9, 1863</u>		
9. AGE (In years last birthday) <u>92</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FIDELITY ABSTRACTS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WENTZVILLE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.P.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ABSTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>JAMES DAVIS</u>			13b. MOTHER'S MAIDEN NAME <u>PERMELIA BRYAN</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY LOUISE DAVIS, NEOSHO MISSOURI</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cognitive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Cholesterol embolism</u> <u>Vascular-Renal disease</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.					INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</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)		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.)		
21d. TIME OF INJURY		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 <u>May 8</u> , 19 <u>56</u> , to <u>May 15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>56</u> and that death occurred at <u>11:25 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert W. Doolley M.D.</u>			23b. ADDRESS <u>Monett, Mo.</u>			23c. DATE SIGNED <u>5-17-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>H.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>		
25. DATE REC'D BY LOCAL REG. <u>5-17-56</u>		REGISTRAR'S SIGNATURE <u>Orlando N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carley Thompson Neosho Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 556-86

DATE REC. 5-21-56

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
Student Embalmer

Signed Carley Thompson Sr.

Licensed Embalmer No. 3257

P. O. Address Neosho 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.

13-11-56