

No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 3554 State File No. 20363

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>30-25</u>		Registrar's No. <u>63</u>		
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pottersville,</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		c. CITY OR TOWN <u>Pottersville</u>		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 <u>X</u>				• STREET ADDRESS (If rural, give location) <u>R 7 D</u> <u>0460</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isabelle</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-56</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>5-26-1875</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life. Even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Olden, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas. Goodmiller</u>			13b. MOTHER'S MAIDEN NAME <u>Palestine Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			<u>X</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. E. Davis, Moore, Okla.,</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>Cerebral Hemorrhage with Hemiplegia (Rt)</u> DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>					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) m.		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>27 Apr, 1956</u> to <u>8 June, 1956</u> , that I last saw the deceased alive on <u>7 June, 1956</u> and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>West Plains, Mo.</u>			23c. DATE SIGNED <u>JUN 17 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>6-11-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pottersville</u>		24d. LOCATION (City, town, or county) (State) <u>Pottersville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-20-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertsons, West Plains, Mo.,</u>				

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 *J. S. Roberts*

Licensed Embalmer No. *34*

P. O. Address *West Hill*

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.