

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30357

STATE FILE NUMBER

 Registration District No. 120 Primary Registration District No. 5447 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Howard</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Albany</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS <u>North of Albany</u>	
3. NAME OF DECEASED (Type or print) First <u>Ollie</u> Middle <u>Jane</u> Last <u>Davis</u>						4. DATE OF DEATH Month <u>Sept.</u> Day <u>24</u> Year <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 30, 1876</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		9. AGE (In years last birthday) <u>80</u>	
13. FATHER'S NAME <u>Joseph Monger</u>				14. MOTHER'S MAIDEN NAME <u>Emma Cottrill</u>		11. BIRTHPLACE (City and state or country) <u>Gentry Co. Mo.</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.		17. INFORMANT <u>Dale Davis</u> Address <u>Albany, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial Thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>myocarditis</u>
DUE TO (c)							5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>				
20c. TIME OF INJURY Hour <u>          </u> Month, Day, Year a. m. <u>          </u> p. m. <u>          </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Albany, Gentry</u>		COUNTY <u>Mo.</u> STATE	
21. I attended the deceased from <u>June 1950</u> to <u>7-24-56</u> and last saw her alive on <u>7-24-56</u> Death occurred at <u>6:30A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (By name or title) <u>Frank H. Rose M.D.</u>					22b. ADDRESS <u>Albany Mo.</u>		22c. DATE SIGNED <u>9-24-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-26-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Henton</u>		23d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>		
24. FUNERAL DIRECTOR <u>Brooks Funeral Home Albany, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Sept 24-56</u>		26. REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56Health,  
Welfare  
Public  
Service

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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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Donald E. Cochell*

Licensed Embalmer No. *486*

P. O. Address *Albany*

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.