

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31733

STATE FILE NUMBER

FILED OCT 8 1956

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 266

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Huntsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland</u>			Length of stay in 1b <u>5 Da.</u>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Nannie May</u> <u>v</u> <u>May</u> <u>Davis</u>				4. DATE OF DEATH <u>Sept. 21, 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</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>Aug. 29, 1918</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u> Hours <u></u> Min. <u></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		11. BIRTHPLACE (City and state or country) <u>Forrest Green, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>James Jones</u>				14. MOTHER'S MAIDEN NAME <u>Idella Wright</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>Mrs. Emily E. Davis</u> <u>Des Moines, Iowa</u>			
18. CAUSE OF DEATH [Enter only one cause (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractures ribs, Rt. 1-2-5-8 and Lt. 3-4-5-7 - Pneumonia</u> DUE TO (b) <u>Shoer,</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Left Ventricular Hypertrophy</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
20a. ACCIDENT <input checked="" 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>Auto collision</u>						
20c. TIME OF INJURY <u>4 p.m. Sept 16-56</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Huntsville, Mo</u>		20g. COUNTY <u>Chariton</u>	
21. I attended the deceased from <u>16 Sept 56</u> to <u>21 Sept 56</u> and last saw her <u>alive</u> on <u>20 Sept 56</u> . Death occurred at <u>6:55 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. Henderson, M.D.</u> (Degree or title)				22b. ADDRESS <u>Moberly, Mo.</u>		22c. DATE SIGNED <u>Sept 24 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 23, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>		23d. LOCATION (City, town, or county) <u>Huntsville, Mo.</u>		
24. FUNERAL DIRECTOR <u>J.B. Patton & Sons, Huntsville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9/21/56</u>		26. REGISTRAR'S SIGNATURE <u>L. Henderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1950

OCT 27 1950

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 *Paul Patton*.....

Licensed Embalmer No. *40*.....

P. O. Address *Huntwell*.....

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.