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disease 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

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

674

STATE FILE NUMBER

Registration District No. 77 77 Primary Registration District No. 30163016 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fulton, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <u>Governor Hotel.</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location). <u>910 Bluff St.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Roscoe Davis</u>				4. DATE OF DEATH <u>Jan. 28, 1957</u>				
5. SEX <u>Male</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>Nov. 24, 1909</u>		9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Collector for Farm Bureau</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Bureau</u>		11. BIRTHPLACE (City and state or country) <u>Dexter, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Marshall Davis</u>				14. MOTHER'S MAIDEN NAME <u>Amanda Klick</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>492-16-8760</u>		17. INFORMANT Address <u>Mrs. Maurine Davis Fulton, 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>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1:30</u>		
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.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
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>Dexter, Mo.</u>			COUNTY <u>Callaway</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>1-28-57</u> to <u>1-28-57</u> and last saw <u>her</u> alive on <u>1-28-57</u> Death occurred at <u>1:15pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Marshall Davis</u> (Degree or title)				22b. ADDRESS <u>Fulton, Mo.</u>		22c. DATE SIGNED <u>1-30-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 31, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>			
24. FUNERAL DIRECTOR <u>Victor Bunches</u>		ADDRESS <u>J. C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>30 January 1957</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Harris</u>		

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1951
FEB 6 1951

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 *Victor Busch*

Licensed Embalmer No. *3*
P. O. Address *JC 1*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.