

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43467

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5714</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Bollinger</u>			
b. CITY OR TOWN <u>Zalma, Rural</u>		c. LENGTH OF STAY (In this place) <u>65 yrs</u>		c. CITY OR TOWN <u>Zalma</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural - Wayne Twp</u>				STREET ADDRESS (If rural, give location) <u>Rural - Wayne Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FEEBO</u> b. (Middle) _____ c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 14, 1885</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>	IF UNDER 4 HRS. Hours _____ Min. _____
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 <u>Household</u>		11. BIRTHPLACE (City and State; Foreign Country) <u>Bloomington, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Shirrell</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Honeycut</u>		14. NAME OF HUSBAND OR WIFE <u>Leo Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Letha Watkins, Sturdivant, Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suicidity.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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>Dec 24</u> , 1957, to <u>Dec 29</u> , 1957, that I last saw the deceased alive on <u>Dec 24</u> , 1957, and that death occurred at <u>12:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.C. Mastus</u> (Degree or title) _____				23b. ADDRESS <u>Adwance, Mo.</u>		23c. DATE SIGNED <u>Dec 31, 1957</u>	
24a. BURIAL, CREMATION, MOVING (Specify) <u>Burial</u>		24b. DATE <u>12-31-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bush Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co., Mo</u>		
DATE REC'D BY LOCAL REG. <u>1/3/58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crider.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Morgan, Adwance, Mo</u> ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Wm H Morgan* .....  
Licensed Embalmer No. *4640* .....  
P. O. Address *Advance, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.