

Health, Welfare, Public Service

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-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004934
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 4154 Registrar's No. 58-14

1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greenfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Everton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. M. E. Neal's office</u>			Length of stay in lb <u>1 hour</u>			d. STREET ADDRESS (If outside, give location) <u>1 mi. N. E of Everton</u>	
3. NAME OF DECEASED (Type or print) First <u>NAOMIA</u> Middle <u>FRANCES</u> Last <u>DAVIS</u>				4. DATE OF DEATH Month <u>2</u> Day <u>5</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 8-1876</u>		9. AGE (In years last birthday) <u>81</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>Everton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Jim Holmes</u>				14. MOTHER'S MAIDEN NAME <u>Melissa Woolver</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>W. H. Davis - Everton - 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 Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) <u>Atherosclerosis</u> <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u> <u>2 yrs</u> <u>2 yrs +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Hypertensive Cardiovascular Disease</u>							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.)				
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		COUNTY STATE	
21. I attended the deceased from <u>MARCH 1955</u> to <u>FEB 5, 1958</u> and last saw her <u>alive</u> on <u>FEB 5, 1958</u> Death occurred at <u>12:10</u> <u>P</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lee A. Mc Neal Jr MD</u>				22b. ADDRESS <u>Greenfield, Mo</u>		22c. DATE SIGNED <u>2-6-58</u>	
23a. BURIAL, CREMATION, OR TOWAL (Specify) <u>Burial</u>		23b. DATE <u>2-8-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ray Spring Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Everton - Mo</u>		
24. FUNERAL DIRECTOR <u>Brun - Daniel Ash Grove - Mo</u> ADDRESS <u> </u>			25. DATE RECD. BY LOCAL REG. <u>2-13-1958</u>		26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		

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.....
Joseph L. Sawyer

Licensed Embalmer No.....
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P. O. Address.....
Ash Grove

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.