

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009188

STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 64 Primary Registration District No. 5247 Registrar's No. 11

300  
-57

0210

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shannondale</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Shannondale</u> 0210 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>Salisbury Township</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>Salisbury Township</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MALISSIA - DAVIS</u>			DATE OF DEATH Month Day Year <u>Mar. 6, 1958</u>
6. SEX <u>Female</u>	7. 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>Oct. 25, 1900</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Salisbury Township Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Oscar Hayes</u>	
14. MOTHER'S MAIDEN NAME <u>Frances Hayes</u>		15. NAME OF HUSBAND OR WIFE <u>Joe Davis</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>Not available</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>Cerebral Hemorrhage</u>		INTERNAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		?	
DUE TO (c) <u>Hypertension</u>		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</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.) <u>331X</u>	
20c. TIME OF INJURY Hour Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from <u>July 27, 1957</u> to <u>March 6, 1958</u> and last saw her alive on <u>March 6, 1958</u> Death occurred at <u>8:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. L. Harms</u> (Degree or title)		22b. ADDRESS <u>Salisbury, Mo</u>	
22c. DATE SIGNED <u>3/11/58</u>			
23. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial Feb. 9, 1958</u>		23c. NAME OF CEMETERY OR CRYPTORY <u>Forest Green</u>	
23d. LOCATION (City, town or county) <u>Forest Green Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Windsley - Truimouth</u>		25. DATE RECD. BY LOCAL REG. <u>3/11/58</u>	
ADDRESS <u>Paris, Mo</u>		26. REGISTRAR'S SIGNATURE <u>W. H. Keister</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ed W. Trimmont* .....

Licensed Embalmer No. *3978* .....

P. O. Address *Hayes, 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.