MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 6 1961

-61-000930
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 125

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 519 Cherry — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 836 W. Calhoun — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Sallie Middle: Last: Davis
4. DATE OF DEATH Month: Feb. Day: 1 Year: 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-8-1881
9. AGE (last birthday) 79
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Indianapolis, Indiana
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Charles Risk
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE A.C. Davis (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT Ralph Davis, Springfield, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) osteriosclerosis, general
DUE TO (c) Residuals, "stroke"
INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-28-61 to 2-1-61 and last saw her alive on 2-1-61
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Don J. Silsby (Degree or title) MD
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 2-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-3-1961
23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery
23d. LOCATION (City, town, or county) Springfield, (State) Missouri

24. FUNERAL DIRECTOR Rex Rainey, Springfield, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 2-3-61
26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Lee Mason

Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.