

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030291

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 174

AMENDED

FILED AUG 23 1961

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 2 Wks.		c. CITY OR TOWN Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route No. 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DORA Middle MAY Last DAVIS			4. DATE OF DEATH Month Aug. Day 12, Year 1961						
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-4-1890		9. AGE (last birthday) 71 IF UNDER 1 YEAR: Months 71 Days 0 Hours 0 Min. 0 IF UNDER 24 HR: Months 0 Days 0 Hours 0 Min. 0	
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) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Thomas Daniels			13b. MOTHER'S MAIDEN NAME Sarah Barnes			14. NAME OF HUSBAND OR WIFE John M. Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. xx		17. INFORMANT Mrs. Daisy Johnson, Rolla, Mo.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Passive Pulmonary Congestion								INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Decompensation								2 weeks	
DUE TO (c) Arteriosclerotic Heart Disease								unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 6:30 a.m. 59 Month, Day, Year 6/30/59 to 8/12/61		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 Rolla		COUNTY Phelps STATE Missouri	
21. I attended the deceased from 6/30/59 to 8/12/61 and last saw her alive on 8/12/61 Death occurred at 5:50PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i>				22b. ADDRESS Rolla, Mo				22c. DATE SIGNED 8/14/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 15, 1961		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens		23d. LOCATION (City, town, or county) Rolla, Missouri			
24. FUNERAL DIRECTOR Null & Sop Funeral Home..Rolla By <i>[Signature]</i>				25. DATE RECD. BY LOCAL REG. Aug. 15, 1961		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.