

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26956

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4218 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>600 S. Jelbo St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CORA</u>	b. (Middle) <u>EVA</u>	c. (Last) <u>DAVIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1954</u>
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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>Aug 15, 1881</u>	9. AGE (In years last birthday) <u>73</u>	UNDER 1 YEAR Months	1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.
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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 Foreign Country) <u>Henry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Rose</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Wyatt</u>	14. NAME OF HUSBAND OR WIFE <u>Tice Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tice Davis, Windsor, Mo</u>	ADDRESS <u>Windsor, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1934, 19 to Aug. 28, 1954, that I last saw the deceased alive on Aug 27, 1954, and that death occurred at 1:45 am, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Windsor Mo</u>	23c. DATE SIGNED <u>9-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 4-54</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner</u>	ADDRESS <u>Windsor, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

04920

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Chickasha, 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 this body is not embalmed, fact should be so stated above.