

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5517

State File No. 990

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4279</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Henry</u>		b. CITY OR TOWN <u>Calhoun</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Henry</u>		
b. CITY OR TOWN <u>Calhoun</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Calhoun</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home for Sam</u>				e. STREET ADDRESS (If full, give location) <u>Calhoun R 2 04200</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>Minnie</u>			b. (Middle) <u>D</u>			c. (Last) <u>DAVIS</u>		
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Feb 13 1877</u>		
9. AGE (In years last birthday) <u>76</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wf</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County, Kentucky, Mo</u>		
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John W Rose</u>			13b. MOTHER'S MAIDEN NAME <u>Molly E Wyatt</u>			14. NAME OF HUSBAND OR WIFE <u>Tory E Davis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Tory E Davis</u>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>				<u>3 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				DUE TO (b) <u>Post wall infarction</u>	
			DUE TO (c) <u>arthritis deformans</u>				<u>6 days</u>	
			II. OTHER SIGNIFICANT CONDITIONS				<u>104</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>6-3, 1947</u> to <u>1-18, 1955</u> , that I last saw the deceased alive on <u>1-18, 1955</u> , and that death occurred at <u>7 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R J Powell 2nd</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>1-20-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-20-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>		
DATE REC'D BY LOCAL REG <u>Jan 20 55</u>		REGISTRAR'S SIGNATURE <u>Florence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Housey</u>		ADDRESS <u>Calhoun Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2001 6 2 1965

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 *J. A. Housey*

Licensed Embalmer No. *358*

P. O. Address *Calhoun*

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.