No. 500
10.48

FILED JAN 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. 3569

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 13

1060
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1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bronson
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Point Lookout
d. STREET ADDRESS (If rural, give location): 1060 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jamie
b. (Middle): Ida
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): January 21, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: February 2, 1883
9. AGE (In years last birthday): 72; If under 1 year: Months 11, Days 19; If under 1 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:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joe McKee
13b. MOTHER'S MAIDEN NAME: Jennie Weatherspoon
14. NAME OF HUSBAND OR WIFE: John T. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Nancy Davis
ADDRESS: Hollister, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 6, 1952 *to* 1-21, 1956, *that I last saw the deceased alive on* 1-21, 1956 *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.C. Magness M.D.
23b. ADDRESS: Bronson, Mo
23c. DATE SIGNED: 1-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-21-56
24c. NAME OF CEMETERY OR CREMATORY: Berryville Mem. Park
24d. LOCATION (City, town, or county) (State): Berryville, Ark.

DATE REC'D BY LOCAL REG.: 1/28/56
REGISTRAR'S SIGNATURE: Helen Campbell
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Nelson Funeral Home - Berryville, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Charles M. Nelson

Signed.....
Student Embalmer

Licensed Embalmer No. 215 ark.

P. O. Address Berryville, ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.