

No. 300
10.48

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4170

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>45 yrs.</u>	c. CITY OR TOWN <u>Jefferson City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>807 Monroe</u> <u>026 1/2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARIE</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>DAVIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1956</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>Widowed</u>	8. DATE OF BIRTH <u>Aug. 4, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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 <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Wylie</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gordon</u>	14. NAME OF HUSBAND OR WIFE <u>John S. Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-09-9944</u>	17. INFORMANT'S NAME OR NAME OF HOME ADDRESS <u>Mrs. Elmer Verdott Jefferson City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse due to myocardial failure</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>2 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Fracture of femur. 2. Paralytic illness</u>				<u>4 days.</u>

19a. DATE OF OPERATION <u>Feb 7 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of femur.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g. about home, farm, factory, street, place bids, etc.) <u>Rest Home, Linn Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Linn, Osage Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 6 1956 5P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>This 84 year old lady - fell</u>
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22. I hereby certify that I attended the deceased from Feb 6, 1956, to Feb 10, 1956, that I last saw the deceased alive on Feb 9, 1956, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William A Cox MD</u>	23b. ADDRESS <u>125 E 10th St</u>	23c. DATE SIGNED <u>Feb 11 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>13 Feb 1956</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Form</u>	ADDRESS <u>Jefferson City Mo</u>
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(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 Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jeff City*

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.