

Health, Public Service

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FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 023328  
STATE FICE NUMBER

Registration District No. 362 Primary Registration District No. 14531 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montg</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bellflower</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		Length of stay in 1b <b>10 Mos-4 Days</b>	d. STREET ADDRESS (If outside, give location) <b>Price's Branch, Mo</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Cinderella Davis</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>17,</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 15, 1873</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Price's Branch, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Turner Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Knight</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs Mabel Lotton, High Hill, Mo</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Verdict of Coroner's Jury.</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <b>Fire at Katie Jane Home, about 2:35 P.M.</b>	
	<b>Origin of Fire undetermined.</b>	
	DUE TO (c) <b>Body completely consumed by Fire. 9/16/7</b>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <b>8/16/7</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <b>By being of Katie Jane Home</b>
20c. TIME OF INJURY Hour <b>2:35</b> Month <b>17</b> Day <b>1957</b> a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Nursing Home</b>	20f. CITY, TOWN, OR LOCATION <b>Warrenton</b>	COUNTY <b>109</b> STATE <b>Mo</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>Warrenton Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>Dr. R. H. Frigge</b> (Degree or title)	22b. ADDRESS <b>Warrenton Mo</b>	22c. DATE SIGNED <b>June 27 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
		23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR <b>Floyd Logan</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>July 1, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Floyd Logan</b>
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(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1-1

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 .....

Licensed Embalmer No.....

P. O. Address.....

\*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.