

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39056

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 1 Primary Registration District No. 5004 Registrar's No. 423

S. 300  
v. 1-56

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Novinger, R. F. D. <sup>NINEVEN</sup> TWP.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Novinger R. F. D. 0010</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR AT INSTITUTION <b>At Family Home</b> Length of stay in lb		d. STREET ADDRESS <b>R. F. D. #3</b> (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Rosetta <sup>First</sup> Emeline <sup>Middle</sup> Davis <sup>Last</sup></b>			4. DATE OF DEATH <b>Dec. 1, 1957</b> Month <b>Dec.</b> Day <b>1,</b> Year <b>1957</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 4, 1875</b>	9. AGE (In years birthday) <b>82</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>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13. FATHER'S NAME <b>Joseph Findling</b>		14. MOTHER'S MAIDEN NAME <b>Louisa Waggner</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>X</b>	17. INFORMANT Address <b>Mrs. Ruth Decker, Novinger, Mo.</b>	

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>Valvular Heart Disease</b> DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>—————</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs 10 mos</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>4214</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input 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>4214</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <b>Jan 1930</b> to <b>Nov 1-1957</b> and last saw her <b>alive</b> on <b>Dec 1-1957</b> Death occurred at <b>5:30 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>H. N. Garrison, M.D.</b>	22b. ADDRESS <b>Novinger, Mo.</b>	22c. DATE SIGNED <b>12-2-57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-3-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Novinger Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Novinger, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Paul M. Raley, Kirksville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-7-1957</b>	26. REGISTRAR'S SIGNATURE <b>Dora W. Raloff</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Richard R. Ellis, Student Embalmer No. 542 working under my personal supervision.

Student Richard R. Ellis  
Signature of Student Embalmer

Signed George W. Davolt  
Licensed Embalmer No. 479  
P. O. Address Kingsville

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.