t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39462
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 278

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auxvasse Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Length of stay in 1b 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Readsville 0649 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD 1 Williamsburg Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Riley Middle Clifford Last Davis

4. DATE OF DEATH Month Nov. Day 27 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Oct. 18 1891

9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and state or country) Readsville Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Davis

13b. MOTHER'S MAIDEN NAME Fannie Maddox

14. NAME OF HUSBAND OR WIFE —

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. unknown

17. INFORMANT Howard Davis Address Williamsburg Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorage — INTERVAL BETWEEN ONSET AND DEATH: Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — unknown
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. O. Payne MD (Degree or title)
22b. ADDRESS R # 3 Fulton Mo
22c. DATE SIGNED 11-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/29/57
23c. NAME OF CEMETERY OR CREMATORY Bethel
23d. LOCATION (City, town, or county) Readsville (State) Missouri.

24. FUNERAL DIRECTOR Maupin Funeral Home **ADDRESS** Fulton Mo
25. DATE RECD. BY LOCAL REG. Nov. 30 - 1957
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J. V. Rosson

Licensed Embalmer No. 2555

P. O. Address Fulton Ky

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.