

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4241 59-006030  
STATE FILE NUMBER

FILED FEB 20 1959

Registration District No. 150 Primary Registration District No. 559 Registrar's No. 46

300  
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Oak Grove
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BFD-2		Length of stay in lb 50 yrs	d. STREET ADDRESS (If outside, give location) BFD-2
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Flora a Davis			4. DATE OF DEATH Month Day Year Feb-10-1959		
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5. SEX F m	6. COLOR OR RACE wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mo-23-77	9. AGE (In years from birthday) 81	IF FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lone Jack Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Kinninger	13b. MOTHER'S MAIDEN NAME Elizabeth Hayden	14. NAME OF HUSBAND OR WIFE Sam Davis
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Sam Davis	Address Oak Grove Mo
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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) <u>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4260		

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.) _____
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	_____
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20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from <u>2-7-59</u> to <u>2-10-59</u> and last saw her alive on <u>2-10-59</u> Death occurred at <u>11 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Jesse W. Williams MD</u>	(Degree or title)	22b. ADDRESS Oak Grove Mo	22c. DATE SIGNED 2-19-59
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23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE Feb. 12. 59	23c. NAME OF CEMETERY OR CREMATORY Rollins Cem	23d. LOCATION (City, town, or county) (State) Oak Grove Mo
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24. FUNERAL DIRECTOR <u>Walt Funeral Home</u>	ADDRESS Oak Grove Mo	25. DATE RECD. BY LOCAL REG. 2-13-1959	26. REGISTRAR'S SIGNATURE <u>N. B. Langford</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *R B Webb* .....

Licensed Embalmer No. *2313*

P. O. Address *Blair Springs, Mo.*

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.