

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 6 1960

39-045052  
59045052  
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 167

INDEXED

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Waynesville</u>  |   | c. CITY OR TOWN <u>Dixon</u>  |   |
| Length of stay in 1b <u>6 days</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>Waynesville General Hosp.</u>   |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Mary Josephine Davis</u>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>12 18 1959</u>   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8/17/1883</u>  |
| 9. AGE (last birthday)<br><u>76</u>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Osage County, Mo.</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |   | 13a. FATHER'S NAME<br><u>William Edwards</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Nancy Tutt</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>John Davis</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>499-03-7532</u>   | 17. INFORMANT<br>Address<br><u>Mr. Bill Davis, Dixon, Missouri</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiac Insufficiency</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u>   |
| DUE TO (b) <u>Hypertension and Arteriosclerosis</u>  |   |   | <u>unknown</u>  |
| DUE TO (c) _____   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cholecystectomy 12-15-59 for Acute Cholecystitis</u>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year _____  |   |   |
| 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.)                  | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from <u>12-11-59</u> to <u>11-17-59</u> and last saw her <input checked="" type="checkbox"/> alive on <u>12-17-59</u><br>Death occurred at <u>4:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><i>Conley Gates</i><br>(Degree or title) <u>D.O.</u>   |   | 22b. ADDRESS<br><u>Dixon, Missouri</u>  | 22c. DATE SIGNED<br><u>12-19-59</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>12/20/1959</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Fox Crossing Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Pulaski County, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>  | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><u>12-20-59</u>   | 26. REGISTRAR'S SIGNATURE<br><i>Conley Gates</i>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 6 1966

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 Maurice E. Schisbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.