

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **164**

FILED JAN 21 1952

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA		c. LENGTH OF STAY (In this place) 66		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARTVILLE		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION WELLS FISCHER ST. CANCER HOSP.				d. STREET ADDRESS (If rural, give location) R.F. D. #5			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE			b. (Middle)		c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) JAN 18, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-23-1900	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HRS. Hours - Mins. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) L KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME VALENTINE VEGMANN			13b. MOTHER'S MAIDEN NAME ELIZABETH FUNK		14. NAME OF HUSBAND OR WIFE ERNIE H. DAVIS		
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary					9 mos.
		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Aug 2, 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP HARTVILLE		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-13, 1951 , to 1-18, 1952 , that I last saw the deceased alive on 1-18, 1952 , and that death occurred at 12:30 P m., from the causes and on the date stated above.							
23a. SIGNATURE Richard E. Johnson, M.D.				23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 1-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE JAN. 18, 1952		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) HARTVILLE, MO.	
DATE REC'D BY LOCAL REG. Jan. 18 1952		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 21 1952

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, _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4375

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.