S. No. 300
v. 10.48

FILED JUL 8 1952

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21011

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 99

532
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1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stoutland 0530
d. STREET ADDRESS (If rural, give location) No St. address

3. NAME OF DECEASED (Type or Print) a. (First) Noles b. (Middle) B. c. (Last) Davis

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 27, 1887
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 3 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Laclede Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James A. Davis
13b. MOTHER'S MAIDEN NAME Sarah J. Lawson
14. NAME OF HUSBAND OR WIFE Unknown

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. None
17. INFORMANT'S SIGNATURE OR NAME Virgil Evans ADDRESS Stoutland Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 3 mo. Symptoms

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. Liver Metastasis.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 159X
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 June, 1952 to 30 June, 1952, that I last saw the deceased alive on 30 June, 1952, and that death occurred at 11 30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul A. Jenkins MD (Degree or title)
23b. ADDRESS Lebanon Mo.
23c. DATE SIGNED 1 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/2/52
24c. NAME OF CEMETERY OR CREMATORY Dowety Cemetery
24d. LOCATION (City, town, or county) (State) near Stoutland Mo.

DATE REC'D BY LOCAL REG. 7-2-1952
REGISTRAR'S SIGNATURE Hella L. Day 4-14
25. FUNERAL DIRECTOR'S SIGNATURE Virgil Evans ADDRESS Stoutland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Received JUL 7 1952
Laclede County Health Unit
File No. 7-52-890
Date Filed JUL 7 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, or by _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address _____

**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.