

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29332

State File No. _____

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5776 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Washington Twp.</u>	
c. LENGTH OF STAY (If this place) <u>4 1/2</u> years		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Howard</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-53</u>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-27-1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-----------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	--	--

13a. FATHER'S NAME <u>James Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Neill</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Davis</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u> (If affirmative war or dates of service) <u>no</u>	16. SOCIAL SECURITY NUMBER <u>498-24-5389</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Davis</u>	ADDRESS <u>Princeton, Mo</u>
---	---	---	------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum 154X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 <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 Aug. 15, 1953, to Sept 6, 1953, that I last saw the deceased alive on Sept 6, 1953, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Minna Lambert M.D.</u>	23b. ADDRESS <u>Princeton, Mo.</u>	23c. DATE SIGNED <u>9/7/53</u>
--	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-10-53</u>	REGISTRAR'S SIGNATURE <u>Noel Moss</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>	ADDRESS <u>Princeton, Mo</u>
---	--	---	------------------------------

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-11-53
50

SEP 18 1958

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul Marx

Licensed Embalmer No. 2634

P. O. Address Quincy, Ill.

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.