

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY St. Francois 0941		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) Bonne Terre		c. LENGTH OF STAY (in this place) 23 Days		c. CITY OR TOWN Leadwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		f. STREET ADDRESS (If rural, give location) Leadwood 0940			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Rachel	b. (Middle) Margaret	c. (Last) Davis	(Month) Feb.	(Day) 2	(Year) 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12, 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Annapolis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Robinson	13b. MOTHER'S MAIDEN NAME Sarah Brewer	14. NAME OF HUSBAND OR WIFE George 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. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Jones Elvins, Mo.	ADDRESS -----
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of head of pancreas		INTERVAL BETWEEN ONSET AND DEATH 2 or 3 months
	ANTECEDENT CAUSES DUE TO (b) ----- DUE TO (c) 157X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None black Arteriosclerotic heart disease		

19a. DATE OF OPERATION 1-31-55	19b. MAJOR FINDINGS OF OPERATION Distended bilobely liver ③ distended lines	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/10/55, 1955, to 2/2/55, 1955, that I last saw the deceased alive on 2/2/55, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. Bertha Jones Elvins, Mo.	23b. ADDRESS -----	23c. DATE SIGNED 2/2/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/5/55	24c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery	24d. LOCATION (City, town, or county) (State) Leadwood, Missouri
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DATE REC'D BY LOCAL REG. Feb. 8, 1955	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer	ADDRESS Leadwood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *William E. Bayer*

Licensed Embalmer No. *4730*

P. O. Address *Leadwood, 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.