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FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10339

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN St. Francois Twp. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 4y, 1m, 19d
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Butler
c. CITY OR TOWN Fisk
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) - -

0124

3. NAME OF DECEASED (Type or Print)
a. (First) TILLIE
b. (Middle) MARIE
c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) March 28, 1956

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married (?)
8. DATE OF BIRTH 3-21-1900
9. AGE (In years last birthday) 56 — If under 1 year: Months 0 Days 7 — If under 24 hrs.: Hours Min.

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) Sikeston, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Whaley
13b. MOTHER'S MAIDEN NAME Janie Hudson
14. NAME OF HUSBAND OR WIFE William Davis -2nd husband

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. unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital #4, Farmington, 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) Carcinomatosis of lungs and abdominal viscera - - - - - - - - - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES

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

DUE TO (b) Carcinoma of right breast - - - - - — 2½ yrs.

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
19b. MAJOR FINDINGS OF OPERATION 170 X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1953, *to* March 28, 1956, *that I last saw the deceased alive on* March 28, 1956, *and that death occurred at* 1:30 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan, M.D.
23b. ADDRESS State Hospital No.4, Farmington, Mo.
23c. DATE SIGNED 3-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 29, 1956
24c. NAME OF CEMETERY OR CREMATORY Qulin Cemetery
24d. LOCATION (City, town, or county) (State) Qulin, Missouri

DATE REC'D BY LOCAL REG. Mar. 28, 1956
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landis Funeral Home, Campbell, Missouri

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 40

P. O. Address Farmin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.