S. No. 300
v. 10-48

FILED SEP 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32942

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 62

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1. PLACE OF DEATH
a. COUNTY: WARREN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARRENTON
c. LENGTH OF STAY (in this place): 2½ MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KATIE JANE HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINCOLN
c. CITY OR TOWN: ELSBERRY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
☒ STREET ADDRESS (If rural, give location): 4 MI. N.W. OF ELSBERRY

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): IRWIN
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 1 1956

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 3 1890
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): DAMERON, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: JOSEPH W. DAVIS
13b. MOTHER'S MAIDEN NAME: ADA BELLE DAVIS
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.: 492-07-5372
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: BETTY CALNAN - Elsberry, 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) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Sigmoid Colon — [illegible]
DUE TO (c) Chronic Myocarditis — [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis Gallstones

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153x
20. AUTOPSY? YES ☐ NO ☐

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* 6-12, 1956, *to* 9-1, 1956, *that I last saw the deceased alive on* 9-1, 1956, *and that death occurred at* 5-45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Hoelscher M.D.
23b. ADDRESS: Warrenton Mo.
23c. DATE SIGNED: 9-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: SEPT. 3, 1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~: OAK RIDGE
24d. LOCATION (City, town, or county) (State): ELSBERRY, Mo.

DATE REC'D BY LOCAL REG.: Sept 11, 1956
REGISTRAR'S SIGNATURE: Lloyd Logan
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Gailenfichs - Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

121-0

OCT 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 401 2

P. O. Address Elsberry, M

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