

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37837

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 103	
1. PLACE OF DEATH a. COUNTY IRON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WAYNE			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN IRONTON		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY OR TOWN PATTERSON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS				f. STREET ADDRESS (If rural, give location) 11101			
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA		b. (Middle) JANE		c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) NOV 10 1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH-29-1877	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) MT. VERNON ILL	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MARTON HAMBLIN		13b. MOTHER'S MAIDEN NAME NANCY McBRIDE		14. NAME OF HUSBAND OR WIFE OLIVER H. DAVIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OLIVER H. DAVIS PATTERSON 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 11-10-1956, to 11-10-1956, that I last saw the deceased alive on 11-10, 1956, and that death occurred at 9:40 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George A. Guy M.D.				23b. ADDRESS 9 Woodlawn Mo.		23c. DATE SIGNED 11-17-56	
24a. BURIAL CREATION REMOVAL (Specify) BURIAL		24b. DATE Nov. 13-56		24c. NAME OF CEMETERY OR CREMATORY WOODS SCHOOL CEM.		24d. LOCATION (City, town, or county) (State) NEAR PATTERSON, Mo.	
DATE REC'D BY LOCAL REG. 11-16-56		REGISTRAR'S SIGNATURE Mai Aris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Harrison W. Rich Piedmont Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4420

P. O. Address Piedmont

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.