alth,
Welfare
blic
rvice

00
-56

4

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42066

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle La Belle — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Harris Nursing Home, 1 wk. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Monticello 05 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) No street address — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Jefferson Middle Davis Last True

4. DATE OF DEATH Month Day Year Dec. 12, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 18, 1873

9. AGE (In years last birthday) 83 — 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) Newark, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter True

14. MOTHER'S MAIDEN NAME Kate Minor

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. None

17. INFORMANT Address Bob True, Monticello, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, original site, throat — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 148.X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 8, 1956, to Dec. 12, 1956 and last saw ~~her~~ him alive on Dec. 12, 1956. Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry L. McCracken D.O.

22b. ADDRESS La Belle, Mo.

22c. DATE SIGNED 12/19/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec. 14, 1956

23c. NAME OF CEMETERY OR CREMATORY Monticello Cemetery

23d. LOCATION (City, town, or county) (State) Monticello, Lewis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Carl H. Bankley, Canton Mo.

25. DATE RECD. BY LOCAL REG. 12-22-56

26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E.L.

(Licensed Embalmer's Statement on Reverse Side)

61-2

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 Earl H. Berkley.....

Licensed Embalmer No. 26

P. O. Address Canton

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.