FILED MAR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8516
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hancock Street — Length of stay in 1b life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN Ironton 0470 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Hancock Street — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Faye Middle Last Davis
4. DATE OF DEATH Month March Day 7, Year 1957
5. SEX 3 female
6. COLOR OR RACE colored
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2
8. DATE OF BIRTH Aug. 12, 1893
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 6 Days 26 — 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 own home
11. BIRTHPLACE (City and state or country) Ironton, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Buck Martin
14. MOTHER'S MAIDEN NAME Laura Suisea
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 Dave Davis, Address 358 Monroe, Kimloch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH few hours
myocarditis — ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far advanced carcinoma left upper jaw (inoperable) 4201H
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2
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 1-21-57, to 3-7-57 and last saw her/him alive on 3-7-57
Death occurred at 7:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. E. Harland, M.D.
22b. ADDRESS Ironton, Mo.
22c. DATE SIGNED 3/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 3/10/57
23c. NAME OF CEMETERY OR CREMATORY Ironton Colored Cem.
23d. LOCATION (City, town, or county) (State) Ironton, Missouri

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo.
25. DATE RECD. BY LOCAL REG. 3-12-57
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

Ansel J. White (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold T. White.....

Licensed Embalmer No. 3012

P. O. Address Ironton, M

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.