

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017710
State File No.

FILED JUN 9 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (in this place) 3 wks	c. CITY OR TOWN Salem 03310
d. FULL NAME OF HOSPITAL OR INSTITUTION Art Clinic		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) XX	

3. NAME OF DECEASED (Type or Print) Maggie Mae Davis	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 1 1958
--	------------	-------------	-----------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 19 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife-waiter	10b. KIND OF BUSINESS OR INDUSTRY resturants	11. BIRTHPLACE (City and State or Foreign Country) St Louis Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	--

13a. FATHER'S NAME John Early	13b. MOTHER'S MAIDEN NAME Hattie Rodgers Davis	14. NAME OF HUSBAND OR WIFE Ervin O. Davis
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. 486-28-6145	17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Roberts	ADDRESS Salem, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterus -		
	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.			

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) 174X
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 2/14, 1946 to 6/1, 1958, that I last saw the deceased alive on 6/1, 1958, and that death occurred at 12:20am, from the causes and on the date stated above.

23a. SIGNATURE Martin Dent D	(Degree or title) 0	23b. ADDRESS Salem Missouri	23c. DATE SIGNED 6/2/58
--	----------------------------	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3, 1958	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.	24d. LOCATION (City, town, or county) (State) Salem, Missouri
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. 6/2/58	REGISTRAR'S SIGNATURE M. M. Hart, M. O. Lopez	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Salem, Missouri
---	---	--	-----------------------------------

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. 23

P. O. Address *[Handwritten Address]*

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.