

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017794
STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 207

300
1-57
0-350
4

1. PLACE OF DEATH a. COUNTY <u>Lentz</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>0380 Bentley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY</u>		c. CITY OR TOWN <u>STANBERRY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Harmony Hill</u>		d. STREET ADDRESS (If outside, give location) <u>117 N. ELM</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Marion William Davis</u>			4. DATE OF DEATH Month Day Year <u>5-16-1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 24 - 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harmony Hill Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. BIRTHPLACE (City and state or country) <u>Gentry Co. MO</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
13a. FATHER'S NAME <u>John Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Eleg Cable</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT * Address <u>Mrs. S. Phillis Morrow - Stanberry, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>96 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			years
DUE TO (c) <u>unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Recent hip fracture</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 <u>3-18-58</u> to <u>5-16-58</u> and last saw ^{him} alive on <u>4-14-58</u> Death occurred at <u>5:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur L. Carlen MD</u>		22b. ADDRESS <u>Stanberry, MO</u>	22c. DATE SIGNED <u>5-16-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry MO</u>
24. FUNERAL DIRECTOR <u>Fatoy & Phillips</u>		ADDRESS <u>Stanberry</u>	25. DATE RECD. BY LOCAL REG. <u>5-19-58</u>
		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Only standard nomenclature in item 18. No symptoms will be listed.

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 *Latoy F. Phillips*

Licensed Embalmer No. *1898*
P. O. Address *Stonbury*

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.