

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020738
STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 375 Primary Registration District No. 6283 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY Wright | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Wright | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elk Creek | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hartville 1140 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (home) | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) North - Hartville Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Mathias Middle Andrew Last Davis | | | 4. DATE OF DEATH Month May Day 25 Year 1958 | |
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| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 18, 1892 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months 9 Days 7 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Newton Co. MO | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Jess Davis | 13b. MOTHER'S MAIDEN NAME Pitman | 14. NAME OF HUSBAND OR WIFE Gertie |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 507-09-3997 | 17. INFORMANT Sherman Claxton Address Hartville |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Carcinoma of Bladder | 4 years |
| | DUE TO (c) metastasis 1810 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from 5-8-58 , to 5-24-58 and last saw him alive on 5-24-58 Death occurred at 5:15-58 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE J. Summers (Degree or title) | 22b. ADDRESS Lebanon Mo | 22c. DATE SIGNED 5-26-58 |
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| 23a. BURIAL, CREMATION, REBURYAL (Specify) Burial | 23b. DATE 5/28/58 | 23c. NAME OF CEMETERY OR CREMATORY O'Dell | 23d. LOCATION (City, town, or county) (State) WRIGHT CO MO |
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| 24. FUNERAL DIRECTOR John Simpson ADDRESS Hartwell | 25. DATE RECD. BY LOCAL REG. 6/11/58 | 26. REGISTRAR'S SIGNATURE Bonnie E. Jones |
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(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.

300
-57
40
1

330

8961 8 20V

RECEIVED 6/11/58
 WRIGHT
 County File No. 658/51
 Date Filed 6/11/58

OCT 24 1967

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 *George Stapp*

Licensed Embalmer No. 3166

P. O. Address *Wm. Stapp*

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.