

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035772

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 68

Primary Registration District No. 5267

Registrar's No. 28

Health,  
Welfare  
Public  
Service

0220

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <b>Christian County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>Christian Co</b>									
b. CITY (If outside county limits, give TOWNSHIP only) OR TOWN <b>Highlandville, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Highlandville Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural. N Galloway</b>			Length of stay in 1b <b>64 Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Highlandville, Mo</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>E</b> Last <b>Davis</b>				4. DATE OF DEATH Month <b>Sept</b> Day <b>29</b> Year <b>1958</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Cauc.</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 23, 1879</b>		9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. PLACE OF BIRTH (City and state or country) <b>Tennessee</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>				
13. FATHER'S NAME <b>Lum Coleman</b>						14. MOTHER'S MAIDEN NAME <b>Bonita Atwood</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Allie Ruby, Ash Grove Mo</b>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>medullary failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Leukemia</b> DUE TO (c) <b>Carcinoma of rectum</b>										INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs.</b> <b>14 days</b> <b>1 yr.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>154X</b>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>			
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 AT 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 <b>7-14-58</b> to <b>9-29-58</b> and last saw her/him alive on <b>9-29-58</b> Death occurred at <b>8:20 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Harold Shaffer</b>						22b. ADDRESS <b>Wicks, Mo.</b>				22c. DATE SIGNED <b>10858</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>Oct 2, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Highlandville</b>			23d. LOCATION (City, town, or county) (State) <b>Christian Co Mo</b>					
24. FUNERAL DIRECTOR ADDRESS <b>T. B. Chabbin Ozark Mo.</b>					25. DATE RECD. BY LOCAL REG. <b>Oct 20 1958</b>			26. REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>					

(Licensed Embalmer's Statement on Reverse Side)

**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..... *T. R. Chaffin* .....

Licensed Embalmer No. *218*

P. O. Address: *Ozark*

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.