Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046907
STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 333 Primary Registration District No. 6114 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): MORLEY — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ROUTE 1, MORLEY — Length of stay in Hospital: 5 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: SCOTT
c. CITY OR TOWN: MORLEY 1000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: SARAH Middle: FRANCES Last: DAVIS

4. DATE OF DEATH: Month 12 Day 22 Year 58

5. SEX: FEMALE 3
6. COLOR OR RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: 4-25-1878
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 2 Days 27 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): EDEN, TENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: DAVID WALKER
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: —
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.: —
17. INFORMANT: MRS. ETHEL HARRIS Address: SIKESTON, MO.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) malignant neoplasm (intestine) — INTERVAL BETWEEN ONSET AND DEATH: 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1539
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Aug. 2/58, to Dec. 14/58 and last saw ~~him~~ her alive on 12/14/58
Death occurred at 2:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. T. O'Dell M.D.
22b. ADDRESS: Oran, Mo.
22c. DATE SIGNED: 12/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify): X
23b. DATE: 12-27-58
23c. NAME OF CEMETERY OR CREMATORY: MC. MULLIN
23d. LOCATION (City, town, or county): ~~MORLEY~~ MCMULLIN (State): Mo.

24. FUNERAL DIRECTOR: ALVIN DOTSON ADDRESS: SIKESTON, MO.
25. DATE RECD. BY LOCAL REG.: 12-28-58
26. REGISTRAR'S SIGNATURE: Mrs Ethel Harris

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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JAN 9 1959

JAN 3 1959

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 Iris S. Marshall

Licensed Embalmer No. 4601

P. O. Address Littleton M

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.