

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000734
STATE FILE NUMBER

FILED FEB 4 1959

Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 3

| | | | | | | | | | |
|---|--|---|--|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY CRAWFORD | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STEELVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN STEELVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Length of stay in lb 70 YRS. | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last LARN PRESTON DAVIS | | | | 4. DATE OF DEATH Month Day Year JAN. 10 - 1959 | | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH AUG. 8 - 1882 | | 9. AGE (In years last birthday) 76 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER | | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (City and state or country) SLIGO, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME JOSEPH DAVIS | | | | 14. MOTHER'S MAIDEN NAME ALBINA OGLES | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. 494-07-7389 | | 17. INFORMANT Address ROTH DAVIS - STEELVILLE, MO. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Abdominal Carcinomatosis 2 yrs. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 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) | | | | | | | 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 a. m. p. m. Month, Day, Year | | | | | | | | | |
| 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 March 1949 , to Jan 10, 1959 and last saw him ^{her} alive on Jan 9, 1959 Death occurred at 10:45 A. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Ronald H. Heath D.D. | | | | 22b. ADDRESS Sullivan, Mo. | | | 22c. DATE SIGNED 1/17/59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 1/12/1959 | | 23c. NAME OF CEMETERY OR CREMATORY STEELVILLE CEM. | | 23d. LOCATION (City, town, or county) (State) STEELVILLE, MO. | | | |
| 24. FUNERAL DIRECTOR Thomas & Herbert J. - STEELVILLE, MO. | | | 25. DATE RECD. BY LOCAL REG. 1/22/59 | | 26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichins | | | | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Thomas J. Halber*.....

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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.