Health, Welfare Public Service

300 i
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003795
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY St, Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 803 Armindar — Length of stay in Hospital YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kirkwood b. COUNTY St, Louis
c. CITY OR TOWN Kirkwood 4723 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 803 Armindar — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ada Middle Blanche Last Davis
4. DATE OF DEATH Month Jan. Day 1, Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10/4/1890
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Ozark, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George W. McCoy
13b. MOTHER'S MAIDEN NAME Elzevia Luttsell
14. NAME OF HUSBAND OR WIFE Ora L. Davis
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. None
17. INFORMANT Ora L. Davis Address 803 Armindar Kirkwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Cervix Uteri — INTERVAL BETWEEN ONSET AND DEATH 6 mo
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) None
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 10-2-56, to 1/2/59 and last saw her alive on 12/30/58
Death occurred at 4 05 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.
22b. ADDRESS Kirkwood Mo.
22c. DATE SIGNED 1/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/4/59
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri

24. FUNERAL DIRECTOR ADDRESS Pfitzinger, Kirkwood, Missouri
25. DATE RECD. BY LOCAL REG. 1-2-59
26. REGISTRAR'S SIGNATURE Herbert R. Donker M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Ben E. Hoffma

Licensed Embalmer No. 436

P. O. Address Appleton

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.