

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004770
STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Shannon</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>2 mi East Fruitland</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 mi East Fruitland Entire Life</i>		Length of stay in hospital	d. STREET ADDRESS <i>none</i> (If outside, give location)
3. NAME OF DECEASED (Type or print) <i>MARGARET DAVIS PENDER</i>			4. DATE OF DEATH <i>Feb. 25, 1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 1, 1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (In years last birthday) <i>74</i>
13. FATHER'S NAME <i>James C. Davis</i>		11. BIRTHPLACE (City and state or country) <i>Fruitland Mo</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>none</i>		14. MOTHER'S MAIDEN NAME <i>Virginia Alexander Davis</i>	
17. INFORMANT <i>Clarence Pender Jackson R# 3</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 mos.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Metastatic from Sigmoid Colon</i>			<i>1 yr</i>
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.) <i>1533</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>12-27-58</i> to <i>2-25-59</i> and last saw her ^{her} _{him} alive on <i>2-25-59</i> Death occurred at <i>4:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. H. Jager MD</i> (Degree or title)		22b. ADDRESS <i>Jackson Mo</i>	
22c. DATE SIGNED <i>Feb 27, 1959</i>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>Feb. 27, 1959</i>	<i>Pleasant Hill</i>	<i>Fruitland Mo</i>
24. FUNERAL DIRECTOR <i>Miller Jackson Mo</i>		25. DATE RECD. BY LOCAL REG. <i>3-12-59</i>	26. REGISTRAR'S SIGNATURE <i>Drew Kester</i>

(Licensed Embalmer's Statement on Reverse Side)

Inh, self, offic, vice
00 56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman Stee*
.....

Licensed Embalmer No.....
2

P. O. Address *Jae*
.....

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.