

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012932

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 421A

300

-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lamar</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Miller</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hosp</u>		Length of stay in 1b <u>3d</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Sylvia</u> Middle <u>Alberta</u> Last <u>Davis</u>			4. DATE OF DEATH Month <u>4</u> Day <u>24</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1911</u>	9. AGE (In years last birthday) <u>47</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>10</u> IF UNDER 24 HRS.: Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Madison Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Albin Swansen</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Bohard</u>		14. NAME OF HUSBAND OR WIFE <u>Charles B. Davis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Charles B. Davis Miller Mo.</u> Address <u>Miller Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary congestion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Malignant metastasis from</u> DUE TO (c) <u>Squamous cell carcinoma of the cervix</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 <u>6:40</u> Month <u>4</u> Day <u>24</u> Year <u>1959</u> a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>1-19-59</u> to <u>4-24-59</u> and last saw ^{her} _{him} alive on <u>4-24-59</u> Death occurred at <u>6:40</u> <u>A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M. B. Bonigalski MD</u> (Degree or title)			22b. ADDRESS <u>Prof. Billy Springfield Mo</u>		22c. DATE SIGNED <u>5-4-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-27-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Madison</u>		23d. LOCATION (City, town, or county) (State) <u>Madison Kansas</u>
24. FUNERAL DIRECTOR <u>Morris - Lemmon</u>		ADDRESS <u>Miller Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Meaton</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 21 1967

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 *E. R. Lennon*

Licensed Embalmer No. *3297*

P. O. Address *Miller Mo*

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.