

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014078
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CLARENCE 1020 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN HOSP		d. STREET ADDRESS (If outside, give location) CLARENCE MO	
Length of stay in 1b 4 WKS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) WILLIAM W DAVIS			4. DATE OF DEATH Month Day Year MARCH 26 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 20, 1875		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and state or country) SHELBY COUNTY MO	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME WM. J. DAVIS		13b. MOTHER'S MAIDEN NAME SUSAN FIFER		14. NAME OF HUSBAND OR WIFE CARRIE NOEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS HELEN JOHNSTON CLARENCE	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH 7 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Obstruction of Head of Pancreas		6 months
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X		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.) 157X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

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 Death occurred at 3/11/59 7:40 AM to 3/26/59 and last saw her alive on March 24, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE James E. Campbell M.D. (Degree or title)	22b. ADDRESS Macon, Mo	22c. DATE SIGNED 4/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-28-59	23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	23d. LOCATION (City, town, or county) (State) SHELBY COUNTY MO
24. FUNERAL DIRECTOR BRENNING CLARENCE MO ADDRESS		25. DATE RECD. BY LOCAL REG. 4/13/59	26. REGISTRAR'S SIGNATURE Walter McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

MS
APR 21 1959
SA

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 *Charles V. Freeman*

Licensed Embalmer No. 4625

P. O. Address. *Lawrence*

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.