

37855

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1954

 BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3039 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>	c. LENGTH OF STAY (in this place) (township) <u>25 days</u>	c. CITY OR TOWN <u>Lebanon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		STREET ADDRESS (If rural, give location) <u>711 East St.</u>	

3. NAME OF DECEASED a. (First) <u>Amanda</u>		b. (Middle) _____		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1954</u>	
5. SEX. <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 28, 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John W. Barlow</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>Rufus Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dolphus Davis Lebanon Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Sigmoid Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one year</u> <u>2 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11/29/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction (Colon)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9/12, 1954, to 12/3, 1954, that I last saw the deceased alive on 12/3, 1954, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. H. Johnson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>12/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dorsey Cemetery near Stoutland, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>12-8-1954</u>	REGISTRAR'S SIGNATURE <u>Hella L. Boyd</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Holman Lebanon, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10. 48

3020

Received 12-11-54
Lafayette County Health U
File No. 208
Date Filed 12-11-54

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 Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.