

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32224**

BIRTH NO. _____		REG. DIST. NO. 37		PRIMARY REG. DIST. NO. 4049		Registrar's No. 35			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia		c. LENGTH OF STAY (in this place) 2 mo		c. CITY OR TOWN Sturgeon		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Way Nursing Home				STREET ADDRESS (If rural, give location) 2100					
3. NAME OF DECEASED (Type or Print) a. (First) Ardenia b. (Middle) Wear c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Oct 11-1955						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec 22-1862			
9. AGE (in years last birthday) 92		10. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Huntsville, Texas		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country)			
13a. FATHER'S NAME Capt Madison Wear			13b. MOTHER'S MAIDEN NAME Frances Middleton			14. NAME OF HUSBAND OR WIFE Sam C. Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unknown) (If yes, give war or dates of service) +			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sally Davis Vincent - Sequoyia				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinoma of entire Abdominal Cavity - cancer				INTERVAL BETWEEN ONSET AND DEATH ?	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cancer					
				DUE TO (c) None					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None						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)					
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 9/23/55 to 10/11/55 , that I last saw the deceased alive on 10/9/55 , and that death occurred at Centralia, Mo. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. J. Vincent M.D.				23b. ADDRESS Centralia Mo.			23c. DATE SIGNED Oct 11-1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Huntsville Mo.		24d. LOCATION (City, town, or county) (State) Huntsville Mo.			
DATE REC'D BY LOCAL REG. Oct 11-1955		REGISTRAR'S SIGNATURE Maud M. Baird		25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton		ADDRESS Huntsville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

mo.

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

300
48

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 *Tom B. Patton*.....

Licensed Embalmer No. *39*.....

P. O. Address *Huntville*.....

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.