

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008780  
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 5

300  
-57  
80  
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1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cole Township</b>		c. CITY OR TOWN <b>Lincoln, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>OWN home</b>		d. STREET ADDRESS <b>R. F. D. no. 2</b>	
Length of stay in lb <b>10 yrs.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Iris B. Davis</b>			4. DATE OF DEATH <b>Mar., 24, 1958</b>		
5. SEX <b>female</b>			6. COLOR OR RACE <b>white</b>		

7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug., 29, 1897</b>		9. AGE (In years last birthday) <b>60</b>		10. UNDER 1 YEAR <b>6</b> Months <b>25</b> Days		11. UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Waco, Tex. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
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13a. FATHER'S NAME <b>Charles R. White</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Wilford Davis</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-24-7500</b>		17. INFORMANT <b>Wilford Davis, Lincoln, Mo.</b>		Address	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute toxemia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
DUE TO (b) <b>Acute Jaundice</b>						2 weeks	
DUE TO (c) <b>Primary carcinoma of the liver metastasizing thruout the abdominal organs</b>						6 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1550</b>						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.) <b>0</b>				
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
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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	
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21. I attended the deceased from <b>Feb., 15, 1958</b> to <b>Mar., 24, 58</b> and last saw her/him alive on <b>Mar., 24, 1958</b> Death occurred at <b>1:45 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
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22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>Warsaw, Mo.</b>				22c. DATE SIGNED <b>3/24/58</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3/24/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		(State)	
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24. FUNERAL DIRECTOR <b>Garp and Son, Kansas City, Mo.</b>			ADDRESS			25. DATE RECD. BY LOCAL REG. <b>Mar 24th 1958</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were observed. All diseases in Part I must be causally related.

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APR 7 1958

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 *James W. Fay* .....  
Licensed Embalmer No. *4622* .....  
P. O. Address *K.C., 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.