Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033930
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY St. Francois b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township — Inside Limits Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No.4 — Length of stay in 1b 9y, 6m, 11d	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon c. CITY OR TOWN Alton — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS unknown (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LENA Middle ETHEL Last DAVIS

4. DATE OF DEATH Month August Day 30 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 12, 1892
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 11, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Oregon County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Sol Davis
13b. MOTHER'S MAIDEN NAME: Frona Rackley
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknwon
17. INFORMANT: Records, State Hospital No.4, Address Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of the transverse colon - - - - - — INTERVAL BETWEEN ONSET AND DEATH: Abt.6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 1531

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Psychosis with mental deficiency and exploratory laporatomy (7-25-58)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 21, 1958, to Aug. 30, 1958 and last saw her alive on Aug.30, 1958
Death occurred at 3:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Brennan M.D. (Degree or title)
22b. ADDRESS State Hospital No.4 Farmington, Missouri
22c. DATE SIGNED 8-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-1-1958
23c. NAME OF CEMETERY OR CREMATORY Bardley Cem.
23d. LOCATION (City, town, or county) Bardley, Mo. (State) Ripley Count

24. FUNERAL DIRECTOR Carter Funeral Home, ADDRESS Thayer, Mo.
25. DATE RECD. BY LOCAL REG. Aug.30,1958
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

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 ...Paul K. Dugal.....

Licensed Embalmer No. 4120

P. O. Address Farmington Me

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.