

HEALTH, WELFARE & PUBLIC SERVICE  
 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-035443

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 479

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Boone   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Boone                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia   |                                  | c. CITY OR TOWN Columbia  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hos.  |                                  | d. STREET ADDRESS 9 Mi. South Col.  |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Mabel Pearl Davis  |                                  | 4. DATE OF DEATH<br>Month Day Year<br>Oct. 25 1958  |   |
| 5. SEX<br>female   | 6. COLOR OR RACE<br>white        | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Dec. 28, 1901   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br>wife   | 11. BIRTHPLACE (City and state or country)<br>Martin County, Ind.                                 |
| 13. FATHER'S NAME<br>Joseph Fisher   |                                  | 14. MOTHER'S MAIDEN NAME<br>Allie Jane Hamel  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |                                  | 16. SOCIAL SECURITY NO.<br>-----  | 17. INFORMANT<br>Mrs. Virginia Black, Columbia, Mo.   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Vascular Thrombosis</u>   |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br>8 weeks   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Thrombosis</u>  |                                  |   | years   |
| DUE TO (c) <u>Diabetes Mellitus</u> 260 X  |                                  |   | "   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>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.)      |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 <u>Sept 58</u> , to <u>Oct 58</u> and last saw <sup>her</sup> <del>him</del> alive on <u>Oct 25, 1958</u><br>Death occurred at <u>7:30</u> <u>pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><i>[Signature]</i>   |                                  | 22b. ADDRESS<br><u>409 W. 1st Ave Columbia Mo</u>   | 22c. DATE SIGNED<br><u>25 Oct 58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE<br><u>Oct. 28, 58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Nashville Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Boone County, Mo.</u>                         |
| 24. FUNERAL DIRECTOR<br><u>Lyman Sprinkle, Columbia, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>Oct 27 1958</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs RE Palmer</u>   |

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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 *George S. Veerman* \_\_\_\_\_

Licensed Embalmer No. *44*

P. O. Address *Columbus*

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.