Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041143
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. CHARLES — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1167 JACKSON — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 0920 R.R.# 3 — Reside on Farm: Yes [X] No [X]

3. NAME OF DECEASED (Type or print): First: David Middle: M. Last: Davis Sr.

4. DATE OF DEATH: Month: Nov Day: 8 Year: 1958

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: MARCH 19, 1883

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months: 7 Days: 12 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): ST. CHARLES COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: DAVID M. DAVIS

13b. MOTHER'S MAIDEN NAME: AMANDA BEST

14. NAME OF HUSBAND OR WIFE: IDA GUST

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 495-12-9837

17. INFORMANT Address: DAVID M DAVIS, ST. CHARLES, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Adenocarcinoma seminal vesicle	6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis abdomen	3 months
DUE TO (c)	Pneumonia terminal	4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1797

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 1958, to Nov 8, 1958 and last saw him alive on November 8, 1958
Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Russell Hinder MD

22b. ADDRESS: St Charles, Mo

22c. DATE SIGNED: Nov 10, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: NOV. 11, 1958

23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE

23d. LOCATION (City, town, or county) (State): ST. CHARLES, MO.

24. FUNERAL DIRECTOR ADDRESS: Arthur C. Baue, St. Charles, MO.

25. DATE RECD. BY LOCAL REG.: Nov 11-58

26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

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 David C. Bane

Licensed Embalmer No. 5060

P. O. Address St Charles,

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.