

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34831

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>370</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>2 mons.</u>		c. CITY OR TOWN <u>SEDALIA</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>235 S. Missouri</u> <u>080/5</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Oct 21, 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED? <u>Divorced</u>	
8. DATE OF BIRTH <u>Aug 2, 1885</u>		9. AGE (in years last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. S. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. L. Van Wagner, Sedalia, Mo.</u>			
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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES <u> </u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS <u> </u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
19a. DATE OF OPERATION <u>Feb. 12-1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>		20. AUTOPSY? YES ☐ NO ☒		21. HOW DID INJURY OCCUR? <u>153 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>Sept. 1953</u> , to <u>Oct. 21, 1954</u> , that I last saw the deceased alive on <u>Oct. 21, 1954</u> , and that death occurred at <u>7:55 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>SP Byer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>Oct. 22-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county): (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/25/54</u>		REGISTRAR'S SIGNATURE <u> </u>		FUNERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u>Sedalia, Mo.</u>	

(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.....

P. E. Baker

Licensed Embalmer No. *241*

P. O. Address *Sedalia*

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.