

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13836

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3045		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>			
b. CITY OR TOWN <b>Charleston</b>		c. LENGTH OF STAY (in this place) <b>26 yrs.</b>		c. CITY OR TOWN <b>Charleston</b>		11672	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kimes Addition</b>				d. STREET ADDRESS (If rural, give location) <b>Kimes Addition</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cynthia</b>			b. (Middle) <b>Davis</b>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 5, 1950</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 31, 1892</b>	
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>5</b>		IF UNDER 1 HR. Hours <b>5</b> Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Transylvania, Louisiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Joe Davis</b>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Joe Davis, 405 Pecan, Charleston, Mo.</b> ADDRESS _____		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Suffered suddenly after going to bed.</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Had suffered several previous attacks. Was feeling good day before death.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>431X</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased <b>AS CORONER ONLY</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:45P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John F. Nunnlee</b> (Name or title)				23b. ADDRESS <b>Charleston, Mo</b>		23c. DATE SIGNED <b>5-6-50</b>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>May 9, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May 10, 1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. Rex Hilgore</b> 439		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. J. Sparks</b>		ADDRESS <b>Charleston, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0697

MAY 12 REC'D  
RECEIVED  
Miss. Co. Health Dep  
County File No. \_\_\_\_\_  
Date Filed MAY 12 195

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.

Signed Frank Sparks

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3453

P. O. Address Cape Girardeau 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 this body is not embalmed, fact should be so stated above.