No. 300
10-48

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24148

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4359 Registrar's No. 30

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

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pt Pleasant
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY New Mad
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pt Pleasant
d. STREET ADDRESS (If rural, give location) 0730

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) June 28, 1950

5. SEX M ✓
6. COLOR OR RACE Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓
8. DATE OF BIRTH About 1866
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Salina (don't know)
14. NAME OF HUSBAND OR WIFE Paralee Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Charley Davis R#1 Portageville 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) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

794X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24, 1950, *to* June 24, 1950, *that I last saw the deceased alive on* June 24, 1950, *and that death occurred at* 6:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) P. J. Salatto V D.O.
23b. ADDRESS Portageville, Mo.
23c. DATE SIGNED 6-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 2, 1950
24c. NAME OF CEMETERY OR CREMATORY Portageville Cal.
24d. LOCATION (City, town, or county) Portageville (State) Mo

DATE REC'D BY LOCAL REG. July 2, 1950
REGISTRAR'S SIGNATURE Ellen De Lisle 219
25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor, Portageville, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 17 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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. 359

working under my personal supervision.

Student Herbert J. Gans Jr.
Student Embalmer

Signed Joseph A. [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.