

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32325

BIRTH NO.

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 2074

Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott 1002	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 26 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		d. STREET ADDRESS (If rural, give location) 103 Lincoln St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 Lincoln St.		d. STREET ADDRESS (If rural, give location) 103 Lincoln St.	
3. NAME OF DECEASED a. (First) Virginia		b. (Middle) ————	
c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1950	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 9, 1896
9. AGE (In years last birthday) 53		10. UNDER 1 YEAR Months 11 Days 22	10. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY ————	
11. BIRTHPLACE (State or foreign country) Vicksburg, Miss. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeff Rippy		13b. MOTHER'S MAIDEN NAME Laura Adams	
14. NAME OF HUSBAND OR WIFE Elijah Davis, deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ————	
17. INFORMANT'S SIGNATURE OR NAME Van Davis, 103 Lincoln, Sikeston, Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ———— DUE TO (c) <i>History of overeating at noon meal of spiced ribs & popovers (supp report)</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. INTERVAL BETWEEN ONSET AND DEATH		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) (Min)		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 from <i>First hour after death</i> , that I last saw the deceased alive on <i>10/1</i> , 19 <i>50</i> , and that death occurred at <i>9:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Hyde Poe 3</i> (Degree or title) <i>Coroner Sikeston</i>		23b. ADDRESS <i>220</i>	
23c. DATE SIGNED <i>10/1/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 8, 1950	
24c. NAME OF CEMETERY OR CREMATORY Smith Sunset Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Missouri	
DATE REC'D BY LOCAL REG. <i>Oct 6-50</i>		REGISTRAR'S SIGNATURE <i>Mrs. Ola Hunter</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>F. J. Sparks</i>		ADDRESS Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 9 1950
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1050-131

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
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.

W. B. F.