

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26315**

FILED SEP 6 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **309**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau 0164</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau 0164</b>  |  |
| c. LENGTH OF STAY (In this place) <b>10 days</b>   |  | d. STREET ADDRESS (If rural, give location) <b>2107 Good Hope 0</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>                                |  |  |  |

|  |  |             |  |           |  |
|--|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>EMIL DAVIS</b> |  |             | 4. DATE OF DEATH (Month) (Day) (Year) <b>August 30, 1951</b> |           |  |
| a. (First)   |  | b. (Middle) |  | c. (Last) |  |

|                    |                               |   |   |   |                            |                              |
|--------------------|-------------------------------|---|---|---|----------------------------|------------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>October 2, 1904</b> | 9. AGE (In years last birthday) <b>46</b> | 10. UNDER 1 YEAR <b>10</b> | 11. UNDER 12 Mths. <b>28</b> |
|--------------------|-------------------------------|---|---|---|----------------------------|------------------------------|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b> | 11. BIRTHPLACE (State or foreign country) <b>Malden, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b> |
|--|---|---|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>Charles Davis</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Virginia B. 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. <b>490-05-4382</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Virginia B. Davis</b> | ADDRESS <b>Cape Gir., Mo</b> |
|--|--|---|------------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MELANOMA MALIGNANT</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DUE TO (b) <math>\bar{E}</math> generalized metastases</b> |  |  |
|   | DUE TO (c)  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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. 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) | 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 **Jan 1, 1951**, to **August 30, 1951**, that I last saw the deceased alive on **Aug 30, 1951**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

|   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Edward D. Campbell M.D.</b> | 23b. ADDRESS <b>Cape Girardeau Mo</b> | 23c. DATE SIGNED <b>Aug 31, 1951</b> |
|---|---------------------------------------|--------------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Sept. 1, 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b> |
|---|--------------------------------|--|---|

|  |  |   |                               |
|--|--|---|-------------------------------|
| DATE REC'D. BY LOCAL REG. <b>8-31-51</b> | REGISTRAR'S SIGNATURE <b>G. B. Summers</b> | FUNERAL DIRECTOR'S SIGNATURE <b>Walter's Funeral Home</b> | ADDRESS <b>Cape Gir., Mo.</b> |
|--|--|---|-------------------------------|

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

RECEIVED

SEP 4 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Virgil H. Welch*

Licensed Embalmer No. *4182*

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.