

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29724**

**FILED** OCT 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **4088** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY <b>Carter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Carter</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elsinore, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elsinore</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Francis</b>	b. (Middle) <b>Marion</b>	c. (Last) <b>Davis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 16, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 29, 1862</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Carter County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Al Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Dildine</b>	14. NAME OF HUSBAND OR WIFE <b>Nancy Elizabeth Shoats Dav</b>
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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>Mrs. Dorothy Kearbey, Poplar Bluff, Mo</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of prostate gland</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>177x</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>August 1</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 1, 1951**, to **Sept 16, 1951**, that I last saw the deceased alive on **Sept 15, 1951**, and that death occurred at **12:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs. Dorothy Kearbey</b>	(Degree or title)	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>9-25-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-18-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Hope or Joplin</b>	24d. LOCATION (City, town, or county) (State) <b>Elsinore, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 8-1951</b>	REGISTRAR'S SIGNATURE <b>Mrs. Oeta Herborn</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell</b>	ADDRESS <b>Poplar Bluff, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 10 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 \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wallace R. Knight .....

Licensed Embalmer No. 4514 .....

P. O. Address 412 Vine St. P.O. .....

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.