

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40805

FILED DEC 22 1951

State File No. 1951-19516
Registrar's No. 3007

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived? - If institution, residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Butler</u>			
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY OR TOWN <u>Poplar Bluff</u>		d. STREET ADDRESS <u>Route 5 - Box 53</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>Ed</u> (Type or Print)			b. (Middle) _____	c. (Last) <u>Davis Jr.</u>	4. DATE OF DEATH (Month) <u>12</u> (Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-10-1926</u>		9. AGE (In years) <u>25</u> if under 1 year: Months <u>6</u> Days <u>0</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Lake Co. Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ed Davis Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Howard</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Davis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Davis Poplar Bluff, Mo.</u> ADDRESS <u>Mo.</u>			
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) <u>Uremia.</u> ANTECEDENT CAUSES <u>Nephritis Acute Glomerul.</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
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) _____		21f. HOW DID INJURY OCCUR? _____	
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 from <u>20 Nov, 1951</u> , to <u>10 Dec, 1951</u> , that I last saw the deceased alive on <u>10 Dec, 1951</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____			23b. ADDRESS <u>321 1/2 Poplar Bluff Mo</u>		23c. DATE SIGNED <u>12 Dec 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>12-13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bacon Pasture</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 13 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u> ADDRESS <u>Sikeston Mo.</u>			

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

RECEIVED

DEC 20 1951

BUTLER CO. HEALTH CENTER

FILE No. 1251-556

DEC 20 1951

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 Fred J. Smith

Licensed Embalmer No. 4409

P. O. Address Eikeston, 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.