

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7540

State File No. ....

FILED APR 3 1952

Registrar's No. 51321

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>4057</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER 0120</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Quilin</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>QUILIN</u>		d. STREET ADDRESS (If rural, give location) <u>0120</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>LAURA</u> (Type or Print)			b. (Middle) <u>AGNES</u>		c. (Last) <u>DAVIS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 16 1952</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>DEC 28 1875</u>		9. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>C. D. SANSON</u>		13b. MOTHER'S MAIDEN NAME <u>BECKY WALKER</u>	
14. NAME OF HUSBAND OR WIFE <u>JR. DAVIS</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <input checked="" type="checkbox"/> YES		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>MARY E. DAVIS</u>		17. ADDRESS <u>1523 Cross St Poplar Bluff 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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1 Dec, 1951</u> , to <u>8 Jan, 1952</u> , that I last saw the deceased alive on <u>28 Dec, 1951</u> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>C. A. Post</u>		(Degree or rank)		23b. ADDRESS <u>Poplar Bluff, Mo</u>	
23c. DATE SIGNED <u>20 Jan 52</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Quilin Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Quilin MO</u>			
DATE REC'D BY LOCAL REG. <u>3-22-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell</u>	
		429-1		ADDRESS <u>Piggott Ark</u>	

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

RECEIVED  
APR 1 1952

BUTLER CO. HEALTH CENTER

FILE No. 452-165

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Irving J. Tyler

Licensed Embalmer No. 1001 Ark.

P. O. Address Piggott Ark.

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.