

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23805

State File No. ....

FILED JUL 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 3008 Registrar's No. 266

5143  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cooter</u>	
c. LENGTH OF STAY (In this place) <u>19 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1780</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>R.</u> b. (Middle) <u>W.</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>DK</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Anthony Jackson Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie 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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Fulton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		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"/>	
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 July 10, 1952, to July 11, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 8:25a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry Lowler MD</u>		23b. ADDRESS <u>Fulton, Missouri</u>		23c. DATE SIGNED <u>7-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Board</u>	
				24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	

DATE REC'D BY LOCAL REG. <u>July 15-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u> ADDRESS <u>Columbia Mo</u>	
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State of Tennessee  
 Department of Health  
 Division of Health Services  
 Nashville, Tennessee  
 January 24, 1961  
 The undersigned, \_\_\_\_\_  
 Licensed Embalmer No. \_\_\_\_\_  
 of \_\_\_\_\_  
 County, Tennessee  
 do hereby certify that the body of \_\_\_\_\_  
 deceased, \_\_\_\_\_  
 of \_\_\_\_\_  
 State of Tennessee  
 was embalmed by me, or by \_\_\_\_\_  
 Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

**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 \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

\_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.