S. No. 300
. 10.48 RED DEC 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39566

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 48

0721

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

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Madrid
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Madrid 0721
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) Preston
c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) Nov-21-52

5. SEX M
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April-1-1882
9. AGE (In years last birthday) 70 | If under 1 year: Months 1 Days 20 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Courteland Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joshua Davis
13b. MOTHER'S MAIDEN NAME ✓
14. NAME OF HUSBAND OR WIFE Mamie Smith Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Mamie Smith Davis ADDRESS New Madrid

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure (Chronic Myocarditis)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension - Nephritis
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 593X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10th, 1952, *to* Nov 21st, 1952, *that I last saw the deceased alive on* Nov 20th, 1952, *and that death occurred at* 12:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Orville B. Chandler MD
23b. ADDRESS New Madrid Mo
23c. DATE SIGNED 12/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov-24-52
24c. NAME OF CEMETERY OR CREMATORY Sandill
24d. LOCATION (City, town, or county) (State) New Madrid. Mo.

DATE REC'D BY LOCAL REG. Dec 2-52
REGISTRAR'S SIGNATURE Helen Louis Jones 216-0
25. FUNERAL DIRECTOR'S SIGNATURE Richards ADDRESS New Madrid

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address New Madrid, M

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.