

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10582

State File No.

No. 300
10.48

FILED MAR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>117</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>MARION</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>HANNIBAL</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>		<u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>W. MONROE ST.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>EUGENE</u>	b. (Middle) <u>PORTER</u>	c. (Last) <u>DAVIS</u>	(Month) <u>MAR.</u>	(Day) <u>12,</u>	(Year) <u>1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG. 1885</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days 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 <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES DAVIS</u>			13b. MOTHER'S MAIDEN NAME <u>NAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.F. DELANEY, PARIS, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>				<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>arteriosclerotic heart</u>					
		DUE TO (c) <u>of course</u>				<u>1 yr.</u>	
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 type="checkbox"/>	
						<u>4200</u>	
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>March 9</u> , 19 <u>53</u> , to <u>March 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 12</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>707 Broadway</u>		23c. DATE SIGNED <u>3/16/53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-17-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>PARIS, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAR 18 1953
MARION CO. HEALTH DEPT.
DATE FILED MAR 18 1953

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.