

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17576

State File No.

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 3

0350
1

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Senath</u>		c. CITY OR TOWN <u>Senath</u> <u>0350</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clint</u> b. (Middle) <u>A</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 53</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 1, 1876</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>Olce Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Ebbie Davis, Senath</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>W.H. Davis Senath, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Prostatic carcinoma</u>	
DUE TO (c)		5 yrs	
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 <u>177x</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 Aug, 1952, to May, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ebbie Davis M.D.</u>		23b. ADDRESS <u>Senath, Mo.</u>		23c. DATE SIGNED <u>May 8 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senath, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hank Jones</u>			
DATE REC'D BY LOCAL REG. <u>5-13-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. H. Lamm</u>		ADDRESS <u>Senath, Mo.</u>	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5522-53
COUNTY FILE NUMBER 553-139

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Edmond L. Cannon

Signed.....
Student Embalmer

Licensed Embalmer No. 4840

P. O. Address *Health Ins*

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.