

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17823**

LED MAY 18 1953

BIRTH NO.		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>127</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b> <b>0422</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b> c. LENGTH OF STAY (in this place) <b>6 mo</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Norman Nursing Home</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisy City</b> <b>0930</b> d. STREET ADDRESS (If rural, give location) <b>in Louisy City</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hardin</b> b. (Middle) <b>Dudley</b> c. (Last) <b>Davis</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>5-8-1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>6-6-1867</b>	
9. AGE (In years last birthday) <b>85</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Rosa Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ray Davis</b> ADDRESS <b>St. Louis Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> (b) <b>Coronary heart disease</b> (c) <b>arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b> DUE TO (c) <b>arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			
19a. DATE OF OPERATION <b>none</b>				19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Feb 24</b> , 19 <b>52</b> , to <b>May 8</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>May 4</b> , 19 <b>53</b> , and that death occurred at <b>4:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>S. B. Hughes</b> (Degree or title) <b>J.D.</b>				23b. ADDRESS <b>Clinton Mo.</b>		23c. DATE SIGNED <b>5/8/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-10-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Louisy City Burial</b>		24d. LOCATION (City, town, or county) (State) <b>Louisy City Mo</b>	
DATE REC'D BY LOCAL REG. <b>May-10-53</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sickman-Dunning</b> ADDRESS <b>Clinton Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

*J. R. Housey*

Licensed Embalmer No. *3502*

P. O. Address *Calhoun, Ala*

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.