

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20862

FILED JUN 24 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ash Hill Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ash Hill Twp	
c. LENGTH OF STAY (in this place) 6 Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi South Of Fisk Mo.		d. STREET ADDRESS (If rural, give location) 1 mi South Of Fisk Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) WM	b. (Middle) Earl	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) 6 15 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1905	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Hours 	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thomas Milton Davis	13b. MOTHER'S MAIDEN NAME Rosa Baggett	14. NAME OF HUSBAND OR WIFE Tillie Davis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Nellie Harris	ADDRESS Fisk Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) debilitating disease of spine believed to be tuberculosis		Unknown 2 to 3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. multiple embolic events. Febrile convulsions		Congenital Stroke	

19a. DATE OF OPERATION 	19b. MAJOR FINDINGS OF OPERATION 0120	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **March, 1953, to 15 June, 1953** that I last saw the deceased alive about **2:30 pm** 1953, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Anderson M.D.	(Degree or title) M.D.	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 16 June 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 17 1953	24c. NAME OF CEMETERY OR CREMATORY Ash Hill	24d. LOCATION (City, town, or county) (State) Butler Missouri
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DATE REC'D BY LOCAL REG. 6/20/53	REGISTRAR'S SIGNATURE O. H. Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE J. C. White	ADDRESS Fisk Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
5.48
20
1

RECEIVED
6/22/5-3
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Philip J. Casey

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, Mo.

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.