

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9444

State File No.

FILED APR 5 1954

BIRTH NO. 17193-54 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>None</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>BOY</u> c. (Last) <u>DAVIDSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1954</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>March 15, 1954</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>East Prairie, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lube Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Mamie Lou Davis</u>	14. NAME OF HUSBAND OR WIFE	
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fannie Ward East Prairie</u>	
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) <u>Congenital Malformation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>single monster</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7593</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) m.	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>3-15</u> , 19 <u>54</u> , to <u>3-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>54</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u> Gordon C. Hemphill D.O.</u>		23b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>3-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo</u>
DATE REC'D BY LOCAL REG. <u>3-30-54</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	DEPUTY REGISTRAR'S SIGNATURE <u>David Shelby</u>	ADDRESS <u>East Prairie, Mo</u>

APR 1 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed APR 2 1954

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Farris Shelby

Licensed Embalmer No. 2756

P. O. Address East Prairie, 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.