

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30003

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois		b. COUNTY Alexander	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY OR TOWN Cairo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 day		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) Edgar		a. (First) Edgar		b. (Middle) Davis	
c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Oct 5 1954			

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 20 1882		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 7 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Babor		10b. KIND OF BUSINESS OR INDUSTRY River Transportation		11. BIRTHPLACE (City and State or Foreign Country) Paducah Ky	
12. CITIZEN OF WHAT COUNTRY U.S.A					

13a. FATHER'S NAME John Davis		13b. MOTHER'S MAIDEN NAME Josie Golightly		14. NAME OF HUSBAND OR WIFE Mildred 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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Henry Davis (Brother)	
				ADDRESS Metropolis	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma		II. INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis & Heart Disease + Failure		several yrs	
DUE TO (c) Recent post-op TUR for benign prostatic hypertrophy 1 yr					
19a. DATE OF OPERATION 9-24-54		19b. MAJOR FINDINGS OF OPERATION Obstructive prostate - benign 434g		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cairo Ill	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-5-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart failure	
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22. I hereby certify that I attended the deceased from 9-17, 1954, to 10-5, 1954, that I last saw the deceased alive on 10-5, 1954, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE L.H. Seabank		23b. ADDRESS 215 N. Pacific		23c. DATE SIGNED 10-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 5 1954		24c. NAME OF CEMETERY OR CREMATORY Thistle Wood	
		24d. LOCATION (City, town, or county) (State) Mounds Ill			

DATE REC'D BY LOCAL REG. 10-7-54		REGISTRAR'S SIGNATURE W.C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Lester Marcheldon	
		ADDRESS 44-0		ADDRESS Cairo Ill	

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

OCT 18 1961

OCT 19 1961

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.....
Signature of Student Embalmer

Signed *Lester E. Marchello*

Licensed Embalmer No. *Illinois 80*

P. O. Address *Cairo, Ill.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.