

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4354

8930

State File No. ....

FILED MAR 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4357 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lilbourn</u>		c. CITY OR TOWN <u>Lilbourn</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		<input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Oliver</u>		b. (Middle) _____		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 7 1884</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>		IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Tinsaw Paris, Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Issom Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Luella Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luella Davis-Lilbourn, Mo.</u> ADDRESS _____	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Lilbourn New Madrid Mo.</u>	
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 1-5-54, 1954, to 3-10, 1955, that I last saw the deceased alive on 3-9, 1955, and that death occurred at 1:16p m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. I. Ponder Deputy</u> (Degree or title)		23b. ADDRESS <u>Lilbourn, Mo</u>		23c. DATE SIGNED <u>3-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>3-14-55</u>		REGISTRAR'S SIGNATURE <u>H. I. Ponder Deputy</u> <u>2187</u>			

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

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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 *Homer L. Ponder*.....

Licensed Embalmer No. *336*.....

P. O. Address *Lilbourn*.....

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.