

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 475

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff - 01270</u> | |
| c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>221 Downer St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home -</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Callie</u> (Type or Print) | | b. (Middle) <u>Done</u> | |
| | | c. (Last) <u>Davis</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21 56</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>25 June 1879</u> |
| 9. AGE (In years last birthday) <u>86</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Widow</u> |
| | | 11. BIRTHPLACE (State or foreign country) <u>Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
| 13a. FATHER'S NAME <u>John Coyne</u> | | 13b. MOTHER'S MAIDEN NAME <u>no records</u> | 14. NAME OF HUSBAND OR WIFE <u>Joseph Andrew Davis</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) | | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>H.H. Davis</u> |
| | | ADDRESS <u>Poplar Bluff Mo</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>Pulmonary Metastases</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Neck -</u> <u>also Carcinoma of Urinary Bladder</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> | |
| 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) | |
| 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 <u>Jan 1950</u> to <u>21 Sept 1956</u> that I last saw the deceased alive on <u>9 Sept 1956</u> and that death occurred at <u>9:50 AM</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. A. Brackman MD</u> | | 23b. ADDRESS <u>32 Oak Poplar Bluff Mo</u> | |
| | | 23c. DATE SIGNED <u>21 Sept 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>9/23/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lane Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Walnut Ringer Ark</u> |
| DATE REC'D BY LOCAL REG. <u>9/21/56</u> | REGISTRAR'S SIGNATURE <u>B. N. Muehle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter R. Cook</u> | |
| | | ADDRESS <u>Walnut Ringer Ark</u> | |

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

RECEIVED

OCT 1 1956

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 R. C. King

Licensed Embalmer No. 772

P. O. Address Wahnet Ridge

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.