

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

5608

FILED FEB 18 1957

Registration District No. 838

Primary Registration District No. 4355

Registrar's No. 10

Health, Welfare, Public Service
0521
390
1-36

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Madrid		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb Life	d. STREET ADDRESS 1051 First St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Willie Middle ----- Last Davis			4. DATE OF DEATH Month Jan. Day 31 Year 1957		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 5 Days 28
IF UNDER 24 HRS. Hours 11 Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) New Madrid, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Handy Davis			14. MOTHER'S MAIDEN NAME Handy Davis Ella Fletcher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 490-03-6701	17. INFORMANT Willie Mae Davis, New Madrid, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis (Chronic) DUE TO (b) Bronchitis - Bronchial, Asthma DUE TO (c) _____ Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a). -----					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -----		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -----		20f. CITY, TOWN, OR LOCATION -----		20g. COUNTY -----	
21. I attended the deceased from Jan 31-1956 to Jan 31-1957 and last saw him alive on Jan 25-1957 . Death occurred at 3:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) O. B. Chandler M.D.			22b. ADDRESS New Madrid Mo.		22c. DATE SIGNED 2/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 3, 57	23c. NAME OF CEMETERY OR CREMATORY Fannie Powell		23d. LOCATION (City, town, or county) (State) New Madrid, Missouri	
24. FUNERAL DIRECTOR Richards Undertaking Co. Mo.		ADDRESS New Madrid	25. DATE RECD. BY LOCAL REG. 2/4/57	26. REGISTRAR'S SIGNATURE Jay Hedgworth	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED FEB 5 1957
NEW MADRID CO. HEALTH CENTER

P. J. L.

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

Tommy L. Doherty

Licensed Embalmer No. *48*

P. O. Address *New M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.