

FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 022042
STATE FILE NUMBER

71975-52 Registration District No. 247 Primary Registration District No. 3049 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY PEMISCOT				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) TOWN HAYTI			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PEMISCOT MEMORIAL HOSPITAL				Length of stay in hospital (If outside, give location)		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last HENRY CHARLES DAVIS				4. DATE OF DEATH Month Day Year JUNE 10 1957			
5. SEX 2 MALE		6. COLOR OR RACE COLORED		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUGUST 29, 1956	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months Days Hours Min. 9
11. BIRTHPLACE (City and state or country) PORTAGEVILLE, MO.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME AIZORA DAVIS.				14. MOTHER'S MAIDEN NAME MARCELL DURDEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT MARCELL DAVIS		Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration and acidosis DUE TO (b) Chronic Infectious Mononucleosis 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 6 weeks
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 18 May , to 10 June and last saw ^{per him} him alive on 10 June . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. W. Derman, M.D.				22b. ADDRESS Portageville, Mo.		22c. DATE SIGNED 6-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 16, 1957		23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE COLORED		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI	
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO				25. DATE RECD. BY LOCAL REG. 6-25-57		26. REGISTRAR'S SIGNATURE John W. Derman	

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Caroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7-189-57

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....
Joseph A. DeLoach

Licensed Embalmer No. 44

P. O. Address *Carthage*

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.