

XG-17 149 329

SL 9794

FILED MAY 26 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019608

STATE FILE NUMBER

Registrar's No. 5310

Registration District No.

318

Primary Registration District No.

1003

5-300

1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>915 N. GRAND, ST. LOUIS, MO.</b>                 |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>ST. LOUIS</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>35 HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL</b>              |                                  | Length of stay in lb<br><b>1 day</b>  | d. STREET ADDRESS (If outside, give location)<br><b>5214 HIGHLAND</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>WILLIE A. DAVIS</b>                                       |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>MAY 18, 1958</b>  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>NEGRO</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>7/27/31</b>   |
| 9. AGE (In years last birthday)<br><b>26</b>   |                                  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CHECKER</b>            |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>WINONA, MISSISSIPPI</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13a. FATHER'S NAME<br><b>PAYTON DAVIS</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>VIOLA CAUTHORNE</b>  |
| 14. NAME OF HUSBAND OR WIFE<br><b>LILLIAN DAVIS</b>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES KOREAN</b>   | 16. SOCIAL SECURITY NO.<br><b>427-56-0461</b>  |
| 17. INFORMANT<br>Address<br><b>VA HOSP. RECORDS, ST. LOUIS, MO.</b>  |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>PULMONARY EDEMA</b><br>DUE TO (b) <b>HYPERTENSION</b><br>DUE TO (c) <b>-</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>DIABETES; IDIOPATHIC EPILEPSY</b> |  |
| INTERVAL BETWEEN ONSET AND DEATH<br><b>12 HOURS</b>  |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><b>NONE</b> |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20e. CITY, TOWN, OR LOCATION<br><b>VA</b>  |                                  | 20f. COUNTY STATE   |  |
| 21. attended the deceased from<br>Death occurred at <b>5/17/58 at 9AM</b><br><b>6:15 P.M.</b>                            |                                  | and last saw him alive on <b>5/18/58</b><br>m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE<br><b>John F. Carter, M.D.</b>  |                                  | 22b. ADDRESS<br><b>VAH, ST. LOUIS, MO.</b>  |  |
| 22c. DATE SIGNED<br><b>5/19/58</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  |
| 23b. DATE<br><b>5/20/58</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Local Cemetery</b>   |  |
| 23d. LOCATION (City, town, or county) (State)<br><b>Winona, Mississippi</b>  |                                  | 24. FUNERAL DIRECTOR<br><b>G. Wade Granberry 4202 Finney Ave.</b>   |  |
| 25. DATE RECD. BY LOCAL REG.<br><b>MAY 20 '58</b>  |                                  | 26. REGISTRAR'S SIGNATURE<br><b>J. Carter Smith MO</b>  |  |

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 *Edward A. Flynn* .....

Licensed Embalmer No. ~~4444~~ 4444 .....

P. O. Address 4202 Finney Ave. ....

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.