

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029827
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Lemiscot

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Lemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville Inside Limits Yes No

c. CITY OR TOWN Caruthersville Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Length of stay in lb 15 yrs

d. STREET ADDRESS (If outside, give location) 301 E. 15th Reside on Farm Yes No

3. NAME OF DECEASED First MARY Middle JANE Last DAVIS

4. DATE OF DEATH Month 8 Day 28 Year 58

5. SEX Female 6. COLOR OR RACE 3 negro 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED

8. DATE OF BIRTH 8-28-1869 9. AGE (In years, months, days) 89 yrs IF UNDER 1 YEAR: Months 8 Days 29 IF UNDER 24 HRS.: Hours 0 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (City and State or county) Richmond, Va. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 13c. NAME OF HUSBAND OR WIFE Robert Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT C. Jessie Moore Address Caruthersville 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) Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____ 4344

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-28-58 to 8-28-58 and last saw her/him alive on 8/25/58
Death occurred at 3 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. W. Cooke, M.D. 22b. ADDRESS Caruthersville, Mo 22c. DATE SIGNED 8/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-31-58 23c. NAME OF CEMETERY OR CREMATORY magnolia 23d. LOCATION (City, town, or county) (State) Caruthersville Mo

24. FUNERAL DIRECTOR F. B. Smith ADDRESS Hayti - MO 25. DATE RECD. BY LOCAL REG. 9-2-1958 26. REGISTRAR'S SIGNATURE Jessie B. Walker

All diseases in Part I must be causally related.

F. W. Cooke, M.D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

9-260-58

SEP 10 1958

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 *[Signature]*

Licensed Embalmer No. *2627*

P. O. Address *Rolla, Mo.*

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.