Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-031456
STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 162

**1. PLACE OF DEATH**
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sikeston, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Delta Community — Length of stay in Ib: 22 days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Mississippi
c. CITY OR TOWN: Bertrand Mo. 6670 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Bertrand, Mo. — Reside on Farm: Yes [ ] No [ ]

**3. NAME OF DECEASED** (Type or print): First: Rhoda Middle: Ella Last: Davis

**4. DATE OF DEATH**: Month: 8 Day: 22 Year: 58

**5. SEX**: Female

**6. COLOR OR RACE**: white

**7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH**: 5-18-1876

**9. AGE** (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: - - - - -

**11. BIRTHPLACE** (City and state or country): Bullitt County, Kentucky

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Charles Engle

**13b. MOTHER'S MAIDEN NAME**: Elizabeth Cundiff

**14. NAME OF HUSBAND OR WIFE**: Joe 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.**: - - - - -

**17. INFORMANT**: Joe Davis Address: Bertrand, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | PULMONARY EMBOLISM | instantan. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | CER. VASCULAR ACCIDENT | 3 weeks |
| DUE TO (c) | ART. SCLER. and HYPERT C.V. Dis. | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443X

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X] 2

**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 a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE 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 3 weeks to _____ and last saw her/him alive on 8.22.58
Death occurred at 5:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Carl G. Tapp M.D.
**22b. ADDRESS**: Sikeston, Mo.
**22c. DATE SIGNED**: 8.23.58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 8-24-58
**23c. NAME OF CEMETERY OR CREMATORY**: Armer Cemetery
**23d. LOCATION** (City, town, or county) (State): Bertrand, Missouri

**24. FUNERAL DIRECTOR** Carl Cassels **ADDRESS**: Nunnelee Funeral Chapel Sikeston Mo. (Licensed Embalmer's Statement on Reverse Side)
**25. DATE RECD. BY LOCAL REG.**: 8-26-58
**26. REGISTRAR'S SIGNATURE**: Mrs Ellen Hunter

All diseases in Part I must be causally related.

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DATE RECEIVED 9-2-58
SCOTT CO. HEALTH DEPT.
CO. NO. 95-8-211

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 Philip J. Cassedy
Licensed Embalmer No. 46.18
P. O. Address Sikeston, 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.