

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012460  
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Success</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Rt. 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Ella Davis</b>			4. DATE OF DEATH <b>April 9, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 31, 1913</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Kathren Scarbrough</b>		14. NAME OF HUSBAND OR WIFE <b>Charlie Davis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Charlie Davis Success, Arkansas</b> Address <b>Rt. 1</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b>					INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetic mellitus, chronic nephritis, obesity</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. _____					
20d. INJURY OCCURRED WHILE AT <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 <b>Success</b> COUNTY _____ STATE _____	
21. I attended the deceased from <b>Apr 1 1959</b> to <b>Apr 9 1959</b> and last saw her alive on <b>Apr 9 1959</b> Death occurred at <b>1:00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>T.E. Ruff MD</b> (Degree or title)			22b. ADDRESS <b>Poplar Bluff mo</b>		22c. DATE SIGNED <b>4-13-59</b>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Burial</b>		23b. DATE <b>4-11-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hitt Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Success, Arkansas</b>
24. FUNERAL DIRECTOR <b>Russell-Ermert</b>		ADDRESS <b>BOX 377 Corning, Ark.</b>	25. DATE RECD. BY LOCAL REG. <b>4/25/59</b>	26. REGISTRAR'S SIGNATURE <b>R. Muerter</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lester D. Russell*

Licensed Embalmer No. *532*  
P. O. Address *Carmel, Ind.*

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.