

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019815

STATE FILE NUMBER

JUN 9 1959 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1497

300
-57

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNIVERSITY CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN UNIVERSITY CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE COLGATE		Length of stay in 1b YRS	d. STREET ADDRESS (If outside, give location) 7324 COLGATE

3. NAME OF DECEASED (Type or print) First MATTIE Middle S. Last DAVIS			4. DATE OF DEATH Month 5 Day 30 Year 59		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-10-1888	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) ARK.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME C. RUSHING	13b. MOTHER'S MAIDEN NAME SARAH F. HERON	14. NAME OF HUSBAND OR WIFE WM. DAVIS	COUNTY ST LOUIS, MO.
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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. 431 66 5522	17. INFORMANT RUBY WEBB	Address 7324 COLGATE
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Memna</i>		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriolar nephrosclerosis</i>	years
	DUE TO (c) <i>Diabetes Mellitus</i>	years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>260X</i>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
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21. I attended the deceased from <i>May 1956</i> to <i>May 30 59</i> and last saw her alive on <i>May 30, 1959</i> . Death occurred at <i>5:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>Burdle Eck M.D.</i>	22b. ADDRESS <i>950 Francis Place</i>	22c. DATE SIGNED <i>May 30, 59</i>
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23a. REGISTRATION NO. <i>59-019815</i>	23b. DATE <i>6-2-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MAYNARD CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>MAYNARD, ARK.</i>
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24. FUNERAL DIRECTOR <i>MS. Nell Funeral Home Pocahontas, Ark.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>6-1-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gentry R. Salitte*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City*

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.