

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 4 Days		c. CITY OR TOWN Caruthersville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pem. Cty. Mem. Hsp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1405 Franklin	
3. NAME OF DECEASED (Type or print) First Polly Middle Ann Last Davis				4. DATE OF DEATH Month July Day 12 Year 1960			
5. SEX Female		6. COLOR OR RACE NEGRO		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/16/04	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Renter		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Copiah County, Miss.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaah Foster			13b. MOTHER'S MAIDEN NAME Josephine Williams			14. NAME OF HUSBAND OR WIFE Merritt 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. X		17. INFORMANT Merritt Davis-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) Cerebral accident						INTERVAL BETWEEN ONSET AND DEATH 12 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive C.V. disease						4-5 yrs	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Month, Day, Year							
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	
21. I attended the deceased from 7-8-60 to 7-12-60 and last saw her/him alive on 7-12-60 Death occurred at 8:30 AM 8 A. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D.W. Cook (Name or title)				22b. ADDRESS Caruthersville, Mo.		22c. DATE SIGNED 7-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 15, 1960		23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery		23d. LOCATION (City, town or county) (State) Caruthersville, Mo.	
24. FUNERAL DIRECTOR H.S. Smith Funeral Home-C'ville, Mo.				25. DATE RECD. BY LOCAL REG. 7-20-60		26. REGISTRAR'S SIGNATURE Charlotte E. Sloan	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. Dewey Fike*

Licensed Embalmer No. 4484
P. O. Address Caruthersville

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.