

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5635**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5906** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b> <b>6780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Avon Knight Farm</b>		d. STREET ADDRESS (If rural, give location) <b>Avon Knight Farm</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) _____ c. (Last) <b>DAVIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 1, 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Black</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Apr 18, 1895</b>		9. AGE (In years last birthday) (Months) (Days) <b>54 4</b>		10. IF UNDER 1 YEAR Days _____ 11. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>hauf</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>La</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>don't know</b>		13b. MOTHER'S MAIDEN NAME <b>don't know</b>		14. NAME OF HUSBAND OR WIFE <b>Will Davis</b>	
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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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Will Davis</b> ADDRESS <b>Rt 2 Portageville, Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (c) <b>Arterio-Sclerotic</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY/TOWN OR TOWNSHIP (COUNTY) (STATE) <b>Portageville, Pemiscot MO</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **Jan 1948**, to **Feb 1, 1950**, that I last saw the deceased alive on **Jan 27, 1947**, and that death occurred at **9 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. T. Kelley M.D. R1</b>		23b. ADDRESS <b>Portageville MO</b>		23c. DATE SIGNED <b>2/1/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 5, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Colorell</b>	
				24d. LOCATION (City, town, or county) (State) <b>Portageville MO</b>	

DATE REC'D BY LOCAL REG. <b>2-22-50</b>		REGISTRAR'S SIGNATURE <b>John W. German</b> <b>406</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dehiste Funeral Parlor - Portageville Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

780

FILED FEB 27 1950

2-50-74

FEB 25 Recd

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

working under my personal supervision.

Student Embalmer No. 359

Student Robert J. Stan, Jr.  
Student Embalmer

Signed Joseph A. DeFalk  
Licensed Embalmer No. 4481

P. O. Address Portageville, 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 this body is not embalmed, fact should be so stated above.