

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41179**

BIRTH NO. _____		REG. DIST. NO. <b>104</b>		PRIMARY REG. DIST. NO. <b>5418</b>		Registrar's No. <b>48</b>	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden Cotton Hill Twp.</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden Cotton Hill Twp.</b> <b>0350</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 1</b>				d. STREET ADDRESS (If rural, give location) <b>Route 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Mace</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1951</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 21</b>		8. DATE OF BIRTH <b>Dec. 3, 1866</b>	
9. AGE (In years last birthday) <b>85</b>		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) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Dunklin Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Davis</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no X X</b>		16. SOCIAL SECURITY NO. <b>X X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Zona Holloway Malden, Mo. R. 1</b>			
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pulmonary</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Pulmonary</b> DUE TO (c) <b>-</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-</b>					INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b> <b>2 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>592 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 4, 1951</b> , to <b>Dec 10, 1951</b> , that I last saw the deceased alive on <b>Dec 10, 1951</b> , and that death occurred at <b>6 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. W. Schumann</b>				23b. ADDRESS <b>Malden</b>		23c. DATE SIGNED <b>Dec 19 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-13-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Malden cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Malden, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>12-22-51</b>		REGISTRAR'S SIGNATURE <b>J. W. Schumann</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>			

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 12-24-51 .....

COUNTY FILE NUMBER 1251-362

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. ....

Signed.....

*Walter Marsh Watkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4717*

P. O. Address *Dexter, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.