No. 300
10-48

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11363

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. S143 Registrar's No. 272

0120
1

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo.
c. LENGTH OF STAY (In this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Tuesday

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0120
d. STREET ADDRESS (If rural, give location): Rt. 5. Bacon Pasture.

3. NAME OF DECEASED (Type or Print)
a. (First): Ed
b. (Middle):
c. (Last): Davis

4. DATE OF DEATH (Month) 4 (Day) 12 (Year) 1954

5. SEX: male 2
6. COLOR OR RACE: Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): 1
8. DATE OF BIRTH: 11-25-1885
9. AGE (In years last birthday): 69 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): State of Indiana 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Della ? Unknown
14. NAME OF HUSBAND OR WIFE: Louise Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Louise Davis - Poplar Bluff. ADDRESS: Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adeno Carcinoma of Rectum
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with Multiple Metastases
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154X
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1948, *to* 12 April, 1954, *that I last saw the deceased alive on* 12 April, 1954, *and that death occurred at* 10:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. H. Brookmon MD
23b. ADDRESS: 321 Poplar Bluff Mo.
23c. DATE SIGNED: 4-15-54

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE: 4-15-1954
24c. NAME OF CEMETERY OR CREMATORY: Friendship
24d. LOCATION (City, town, or county): Rt. 5 - Poplar Bluff (State): Mo.

DATE REC'D BY LOCAL REG.: 4/22/54
REGISTRAR'S SIGNATURE: R. H. Mueller
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Smith - Sikeston, Mo. ADDRESS

489-C (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 26 1954
BUTLER CO. HEALTH CENTER
FILE No._____

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 .....
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.