

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32693

State File No.

FILED NOV 4 1955
BIRTH NO. 7342-55 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>MO</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>Kennett</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hospital 2025 Lloyd Street</u>		e. STREET ADDRESS (If rural, give location) <u>509</u>	
3. NAME OF DECEASED a. (First) <u>Virginia</u> b. (Middle) <u>Faye</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16-1955</u>	
5. SEX <u>1</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb 13-1955</u>
9. AGE (In years last birthday) <u>8</u> If UNDER 1 YEAR Months <u>3</u> If UNDER 2 HRS. Hour <u>3</u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Infant</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Louis Davis</u>	
13b. MOTHER'S MAIDEN NAME <u>Jessie Oliver</u>		14. NAME OF HUSBAND OR WIFE <u></u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Davis Kennett, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculous enteritis.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>011X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 Oct 13, 1955, to Oct 16, 1955, that I last saw the deceased alive on Oct 15, 1955 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Chester K. Peck</u>	23b. ADDRESS <u>m.w. Kennett Mo.</u>	23c. DATE SIGNED <u>Oct 19, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornum Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Hornumville Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-28-55</u>	REGISTRAR'S SIGNATURE <u>Earl Thompson</u>	90	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Thompson</u> ADDRESS <u>Dunklin Mo.</u>

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-31-55

COUNTY FILE NUMBER 1055-

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 *Edgar Lee Ford*

Licensed Embalmer No. *443*

P. O. Address *Kennett*

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.