

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>Cape GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>East Prairie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>3 Miles West East Prairie, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenn</u> b. (Middle) <u>Ray</u> c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1956</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 21, 1940</u>	9. AGE (In years last birthday) <u>15</u>	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) <u>High School student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>East Prairie, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Albert Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Bailey</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	-----------------------------------

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>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Davis</u>	ADDRESS <u>East Prairie, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub-dural Hematoma</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Concussion</u>		
	DUE TO (c) <u>Automobile Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Respiratory Center Brain Injury</u>			

19a. DATE OF OPERATION <u>Apr. 12-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Subdual Hematoma, Right Parietal Region</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau / Cape Girardeau Mo</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 11 1956 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
---	---	---

22. I hereby certify that I attended the deceased from 4/11, 1956, to 4/12, 1956, that I last saw the deceased give on 4/12, 1956, and that death occurred at 8:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald H. Hoxworth M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>4/23/56</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W.</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-24-56</u>	REGISTRAR'S SIGNATURE <u>Lo. L. Summers</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Charles Shelby</u>	ADDRESS <u>East Prairie, Mo.</u>
---	---	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Travis Shelby*.....
Licensed Embalmer No. *494*

P. O. Address *East*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.