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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37262

FILED NOV 26 1956

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (In this place) 20/95
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Southeast Missouri Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
d. STREET ADDRESS (If rural, give location) 413 Albert

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

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1956

5. SEX Male

6. COLOR OR RACE White

7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) never married

8. DATE OF BIRTH July 14, 1916

9. AGE (In years last birthday) 40 | 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) never worked

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Bloodgett, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sam Davis

13b. MOTHER'S MAIDEN NAME Rosa Haman

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT'S SIGNATURE OR NAME Gilbert Davis **ADDRESS** 413 Albert Cape Girardeau, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Stenosis and Mitral Insufficiency — unknown

DUE TO (c) Rheumatic Heart Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4/10X

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* Aug. 10, 1956, *to* Nov. 21, 1956, *that I last saw the deceased alive on* Nov. 21, 1956, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred M. Hoxworth (Degree or title) M.D.

23b. ADDRESS 28 N. Spring Cape Girardeau Mo.

23c. DATE SIGNED 11/24/56

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial

24b. DATE Nov. 24, 1956

24c. NAME OF CEMETERY OR ~~CREMATORY~~ Memorial Park

24d. LOCATION (City, town, or county) Cape Girardeau Mo. (State)

DATE REC'D BY LOCAL REG. 11-24-56

REGISTRAR'S SIGNATURE C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE Ford & Sons Funeral Home **ADDRESS** Cape Gir. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Howarth

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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 Virgil H. Welch

Licensed Embalmer No. 5402

P. O. Address Cape Girardeau

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.