

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-024642**

FILED VS. AUG 12 1959

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 138

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> COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in 1b	c. CITY OR TOWN <b>Senath</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hosp.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Senath</b>
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Emuel</b> Middle <b>Davis</b> Last <b>Davis</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>3,</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/20/1902</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.
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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	11. BIRTHPLACE (City and state or country) <b>Anderson, Ark.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joe Allen Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Scott</b>	14. NAME OF HUSBAND OR WIFE <b>Eunice Davis</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Eunice Davis Senath, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c) <b>Chronic Glomerulonephritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pneumonitis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>p.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> * NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Senath, Mo.</b>	COUNTY <b>Dunklin</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>May 1957</b> to <b>August 3, 1959</b> last saw her alive on <b>August 2, 1959</b> Death occurred at <b>6:05 A</b> m on the date stated above, and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Charles H. Neumann, MD</b>	22b. ADDRESS <b>Senath, Mo.</b>	22c. DATE SIGNED <b>Aug 4, 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/5/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Senath</b>	23d. LOCATION (City, town, or county) <b>Senath Missouri</b>
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24. FUNERAL DIRECTOR <b>McDaniel Funeral Service, Senath, Mo.</b>	ADDRESS <b>Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-5-59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Husband</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Tommy P. Debut

Licensed Embalmer No. 4986

P. O. Address Kennett, I

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.