DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER **124 73 006125**

FILED APR 2 1973 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 179

DO NOT WRITE ON THIS STUB

VS 300 Rev. 11/72

7b-c. 0695
7d. 10080
8. 29
14a. 29
14b. 031
14c-d 06951
14e. 015
23 D027581
26a. 2
18-U. 1621
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): CARL B. DAVIS
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): March 28, 1973
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 69
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): August 7, 1903
7a. COUNTY OF DEATH: Cape Girardeau
7b. CITY, TOWN, OR LOCATION OF DEATH: Cape Girardeau
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Southeast Missouri Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Freda B. Crowder
12. SOCIAL SECURITY NUMBER: 493-03-9072
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Minning Engineer, ret.
13b. KIND OF BUSINESS OR INDUSTRY: St. Joseph Lead Co.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14. RESIDENCE—STATE: Missouri
14. COUNTY: Cape Gir
14c. CITY, TOWN, OR LOCATION, ZIP CODE: Cape Girardeau
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14. TOWNSHIP: Cape Gir
14f. STREET AND NUMBER: 347 North Pacific

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): William Lee Davis
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Magdalena Ann Vacek

17a. INFORMANT—NAME: Mrs. Freda B. Davis
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 347 North Pacific Cape Girardeau, Mo. 63701

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) Respiratory Arrest — Instantaneous
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) Cerebral Metastases — 3 months
DUE TO, OR AS A CONSEQUENCE OF:
(c) Carcinoma of Lung — 6 months

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Aug. 18, 1966 TO 21b. March 28, 1973
21c. AND LAST SAW HIM/HER ALIVE ON March 27, 1973
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH. did not
21e. DEATH OCCURRED (HOUR) 4:38 a.m.
AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH 4:38 a.m.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR March 28, 1973 HOUR 4:38 a.m.

23a. CERTIFIER—NAME (TYPE OR PRINT): John K. Holcomb, M.D.
23b. MO. LICENSE NO.: 27581
23c. SIGNATURE: John K. Holcomb M.D.
DEGREE OR TITLE
23d. DATE SIGNED (MONTH, DAY, YEAR): March 29, 1973
23e. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 24 No. Sprigg, Cape Girardeau, Mo. 63701

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
24b. CEMETERY OR CREMATORY—NAME: Valhalla Chapel Of
24c. LOCATION (CITY OR TOWN, STATE): Mem. St. Louis, Missouri
24d. DATE (MONTH, DAY, YEAR): March 31, 1973
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Walther's Funeral Home Cape Girardeau, Mo. 63701
25b. FUNERAL DIRECTOR—SIGNATURE: Virgil H. Welch
25c. REG. NO.: 1483
26a. REGISTRAR—SIGNATURE: George Gaskins
26b. DATE RECEIVED BY LOCAL REGISTRAR: 3-29-73

APR 10 1973

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 5605

P. O. Address Cape Girardeau

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.