

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1957

16344

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5142 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neely Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Neelyville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi. So. Neelyville</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>so. Neelyville</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Louis Davis</u>			4. DATE OF DEATH Month Day Year <u>May 5, 1957</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 26, 1932</u>	9. AGE (In years last birthday) <u>25</u>	
IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Peach Orchard</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James H. Davis</u>			14. MOTHER'S MAIDEN NAME <u>Cecil Bales</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service.) <u>Nov/50-Nov/53</u>		16. SOCIAL SECURITY NO. <u>494340241</u>	17. INFORMANT Address <u>James Davis, Naylor, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatism by Farm Tractor</u>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)	9121			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					3	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					2	
20a. ACCIDENT <input checked="" 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.) <u>Farm Tractor turned over on him</u>					
20c. TIME OF INJURY Hour a. m. p. m. <u>1130 5-5-57</u>	<u>012</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Farm</u>	20f. CITY, TOWN, OR LOCATION <u>Neely Twp.</u>	COUNTY <u>Butler</u>	STATE <u>Mo</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:30 A.M.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Chovera Deane Cowner</u>			22b. ADDRESS <u>Poplar Bluff Mo</u>		22c. DATE SIGNED <u>5/10-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/7/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Naylor</u>	23d. LOCATION (City, town, or county) <u>Naylor, Mo.</u>			
24. FUNERAL DIRECTOR <u>McCord-Gish Naylor, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5/13/57</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

RECEIVED
MAY 20 1957

BUTLER CO. HEALTH CENTER
FILE No. _____

MAY 29 1957
MAY 23 1957

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 Dyan McCord
Licensed Embalmer No. 40
P. O. Address Wayton

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.