

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43775
STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 68

S. 300
v. 1-56

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wyettsville Jop</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Richmond</u> <u>08</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway # 24</u> Length of stay in lb <u>—</u>		d. STREET ADDRESS (If outside, give location) <u>R. 2 D 4 - 4 miles</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HARRY MARVIN DAVIS</u>			4. DATE OF DEATH Month Day Year <u>12-30-57</u> <u>YES MO DAY</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>October 25, 1935</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>United States Naval Exhister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ARMED FORCES</u>	9. AGE (In years last birthday) <u>22</u> IF UNDER 1 YEAR IF UNDER 24 HRS. <u>2</u> <u>2</u> <u>2</u> Min.
11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>FRANK B DAVIS</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Kinder</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES U.S.N. 345485 12-30-57</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>FRANK B. DAVIS Richmond, Missouri.</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>Head Injury</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH _____
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>Collision between the car he was driving & a transport truck</u>	
20c. TIME OF INJURY Hour a. m. Month, Day, Year <u>2:50 a.m. 12-30-1957</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #24 - 3 miles E of Highways Highway #24</u>	
20f. CITY, TOWN, OR LOCATION <u>Chariton</u> COUNTY <u>Mo</u> STATE _____			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:50 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. D. Gouvert Coroner Chariton County</u>		22b. ADDRESS <u>Wyettsville Mo</u>	22c. DATE SIGNED <u>12/30/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11/1/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
24. FUNERAL DIRECTOR <u>Lucey & Lyle</u> ADDRESS <u>Richmond Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12/31-57</u>	26. REGISTRAR'S SIGNATURE <u>J. W. Hawkins</u>	

JAN 9
1958

JAN 17 1958

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 *A. D. Smith*.....

Licensed Embalmer No. *3040*

P. O. Address *Key West, Fla.*

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.