

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021738

STATE FILE NUMBER

FILED JUN 18 1958

Registration District No. 140

Primary Registration District No. 5517

Registrar's No. 42

300
1-57

0453

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Moniteau Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fayette		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. 124		Length of stay in 1b 5 minutes	d. STREET ADDRESS (If outside, give location) R. R. #5 N. Moniteau Twp.		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Billy Middle Clark Last Davis			4. DATE OF DEATH Month May Day 21 , Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1942	9. AGE (In years) 15	IF UNDER 1 YEAR Month 10 Days 14
10a. USUAL OCCUPATION (Give kind of work done during last working life) High School Student		10b. KIND OF BUSINESS OR INDUSTRY Attending School	11. BIRTHPLACE (City and state or country) Columbus, Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William H. Davis		13b. MOTHER'S MAIDEN NAME Lucille Eaton		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT William H. Davis , Address R.R.#5 Fayette, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple rib fractures + chest compression Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) tractor-truck accident 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 instant
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.) 1st struck from rear by truck while on tractor			
20c. TIME OF INJURY Hour 11:45 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 5-21-58		20d. INJURY OCCURRED WHILE AT <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.) highway near home Fayette - Harding, Howard, Mo.			
21. I attended the deceased from Death occurred at 11:45 on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION Fayette COUNTY Howard STATE MO.			
22a. SIGNATURE Mary L. Shell (Degree or title) MD		22b. ADDRESS Lee Hospital, Fayette, Mo		22c. DATE SIGNED 5-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/23/58	23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery		23d. LOCATION (City, town, or county) (State) Fayette, Missouri
24. FUNERAL DIRECTOR Ralph A. Carr		ADDRESS Fayette, Missouri		25. DATE RECD. BY LOCAL REG. 5/24/58	26. REGISTRAR'S SIGNATURE Mary L. Shell

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, ~~by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette, Mo.*

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.