

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024309

STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 53

S. 300
r. 1-57

3

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bernie, Liberty		c. CITY OR TOWN Bernie 10300	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Kelleys Office		d. STREET ADDRESS (If outside, give location) Rt. 1 East	
Length of stay in lb Sudden death		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Emmett Davis			4. DATE OF DEATH Month Day Year June 22, 1968
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1904
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmhand Laborer	11. BIRTHPLACE (City and state or country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF FATHER'S NAME Herbert Davis	
13b. MOTHER'S MAIDEN NAME Sarah Frances		14. NAME OF HUSBAND OR WIFE Carole Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 499-30-0217	
17. INFORMANT Carole Davis Gen. Del. Malden, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disease of the Coronary Arteries			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 Bernie, Mo.		COUNTY STATE	
21. I attended the deceased from 6-22-58 only to _____ and last saw him alive on 6-22-58 Death occurred at 10:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. O. Kelley D.O.		22b. ADDRESS Bernie, Mo.	
22c. DATE SIGNED 6-25-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE 6-26-58	
23c. NAME OF CEMETERY OR CREMATORY Broadwater Colored Cem		23d. LOCATION (City, town, or county) (State) Malden, Mo.	
24. FUNERAL DIRECTOR Duffie Rainey		25. DATE REC'D. BY LOCAL REG. 7/3/58	
ADDRESS Bernie, Mo.		26. REGISTRAR'S SIGNATURE Velma V. Jenkins	

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 

Licensed Embalmer No. 4798

P. O. Address Bernie, 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.