

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012286
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <i>Boone Medical Center</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Hamilton, Mo.</i> b. COUNTY <i>Caldwell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Hamilton</i> ⁰¹³⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>2 wks</i>	d. STREET ADDRESS (If outside, give location) <i>General Delivery</i>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>OLIVIA MAE DAVIS</i>			4. DATE OF DEATH Month Day Year <i>4-15-59</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>3-18-99</i>	9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Receptionist</i>		11. BIRTHPLACE (City and state or county) <i>Caldwell County Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>James Robert Davis</i>		13b. MOTHER'S MAIDEN NAME <i>MARY DOLL</i>		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) <i>No</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>Hospital Records</i>	Address
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18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ASPHYXIA</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>ASPIRATION OF VOMITUS</i>	<i>24 hr. ?</i>
	DUE TO (c) <i>PERSONALITY DISORDER, (DRUG ADDICTION + WITHDRAWAL SYMPTOMS)</i>	<i>12 days</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *FRACTURES, DISTAL RT. RADIUS + PROXIMAL RT. HUMERUS 323XF 1*

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.) <i>Fell while going to bathroom at her residence.</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>1:00 p.m. 3 30 '59</i>	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.) <i>Home</i>

20f. CITY, TOWN, OR LOCATION <i>HAMILTON</i>	COUNTY <i>CALDWELL</i>	STATE <i>MO</i>
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21. I attended the deceased from *3-31-59* to *15 April '59* and last saw her alive on *15 April '59*
Death occurred at *1:00 p.m.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John L. Holmes M.D.</i>	(Degree or title)	22b. ADDRESS <i>Columbia, Mo.</i>	22c. DATE SIGNED <i>15 April 59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>4-16-59</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>Hamilton Mo</i>
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24. FUNERAL DIRECTOR <i>Parker Funeral Service, Columbia</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>April 16 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *George A. Kerby*

Licensed Embalmer No. *4752*
P. O. Address *Columbia, Md.*

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.