

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040909

FILED VS NOV 20 1959 / 67

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. _____ Registrar's No. 270

ENDED

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>6 Mi. East of Chillicothe</u> Length of stay in lb <u>72 minutes</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Mi. East of Chillicothe</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before a. STATE <u>Illinois</u> b. COUNTY <u>Champaign</u> c. CITY OR TOWN <u>Rantoul</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>235 Circle Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>Ardeal</u> Middle <u>J</u> Last <u>Davis</u>	4. DATE OF DEATH Month <u>Nov.</u> Day <u>14</u> Year <u>1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>C</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>Feb. 18, 1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Air Force</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Military Service</u>	11. BIRTHPLACE (City and state or country) <u>Livingston, Texas</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
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13a. FATHER'S NAME <u>Jerry Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Minieola Shields</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ruth Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>[Redacted]</u>	17. INFORMANT <u>Mrs. Ruth Davis, Rantoul, Ill.</u>
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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>Cerebral Contusion</u> DUE TO (b) <u>Skull Fracture R. Temporal Region</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Chillicothe Mo</u>
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21. I attended the deceased from None to None and saw him die on Nov. 14-59
 Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. Coroner</u>	22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>Nov. 14-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov. 19-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Providence</u>	23d. LOCATION (City, town, or county) (State) <u>Leggett Texas</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Keeny-Lindley F. H. Chillicothe, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov-14-59</u>	26. REGISTRAR'S SIGNATURE <u>Frances B Nail</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AS JUN 20 1959

MS DEC 2 1959

DEC 2 1959

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 B. J. Lindley

Licensed Embalmer No. 4822
P. O. Address Chillicothe

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.