

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 43 8 4 4

FILED VS. DEC 22 1959

113

Primary Registration District No.

4185

Registrar's No.

31

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>FRANKLIN</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. CLAIR MO</b> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT. ST. CLAIR MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b> c. CITY OR TOWN <b>ST. CLAIR MI.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>410 S. FRISCO</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>JERRY HENRY DAVIS</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>DEC. 12 1959</b>				
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>APRIL 19, 1886</b>	<b>9. AGE</b> (last birthday) <b>73</b> IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>ELECTRIC WORK</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>RETIRED</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>SENECA MO.</b>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>IRIE DAVIS</b>					
<b>13b. MOTHER'S MAIDEN NAME</b> <b>SARAH ELLA GLENN</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>VICTORIA</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no; or unknown) (If yes, give war or dates of service) <b>No No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486-28-9072</b>		<b>17. INFORMANT</b> <b>Victoria Davis ST Clair MO</b> Address			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> DUE TO (b) <b>blue to arteriosclerosis</b> DUE TO (c) <b>heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>No attendance at time of collapse</b>				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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>			
<b>20g. STATE</b>		<b>21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.</b> Death occurred at <b>6:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>		<b>22b. ADDRESS</b> <i>[Address]</i>		<b>22c. DATE SIGNED</b> <b>12/14/59</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>DEC. 15, 1959</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>I.O.O.F. Cem.</b>			
<b>23d. LOCATION</b> (City, town, or county) <b>ST. CLAIR</b>		<b>23e. STATE</b> <b>MO.</b>					
<b>24. FUNERAL DIRECTOR</b> <b>Sherrill Kitchell</b> ADDRESS <b>St Clair MO</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>Dec 14 59</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 22 1960

STATEMENT BY LICENSED EMBALMER

JAN 5

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.