

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 0 1 8

FILED VS DEC 17 1959 *280*

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *82.*

ENDED

1. PLACE OF DEATH a. COUNTY Platte			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township		Length of stay in 1b Most of life	c. CITY OR TOWN Rural Weston, Mo.		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#2 Weston, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#2 Weston, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Melvin Middle Pence Last Davis			4. DATE OF DEATH Month December Day 5 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME A. Doyle Davis		13b. MOTHER'S MAIDEN NAME Sadie Pence		14. NAME OF HUSBAND OR WIFE Iram K. Davis	
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. 490-32-5725	17. INFORMANT Address Mrs. Irma K. Davis R#2 Weston, 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) CRUSHED CHEST, BASAL SKULL FRACTURE DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH INST.
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) TRACTOR OVERTURNED			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <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.) Farm	20f. CITY, TOWN, OR LOCATION R#2 Weston,	COUNTY Platte	STATE Missouri.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:00 noon m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Kolaul M. Gifflee, Coroner			22b. ADDRESS Platte City, Mo.		22c. DATE SIGNED 12-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE DEC. 8 1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	23d. LOCATION (City, town, or county) (State) Platte County, Missouri.		
24. FUNERAL DIRECTOR MEIGNSON-ELMERSON Walter Michoff Jr.		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec-8-1959	26. REGISTRAR'S SIGNATURE Cynthia Rollins	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 18 1962

NS DEC 18 1958

VS OCT 26 1960

JAN 26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

JAN 6

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Edward P. Harris

Licensed Embalmer No. 325

P. O. Address H. Jones

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.