

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003299

FILED VS. JAN 29 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 635** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ind. b. COUNTY Davis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 12 days	c. CITY OR TOWN Montgomery Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last OLIVER PERRINE DAVIS			4. DATE OF DEATH Month Day Year JANUARY 18 1960			
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 4/5/1908	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Harry A. Sharp Co. Ford Dealer-Indpis.		11. BIRTHPLACE (City and state or country) Bedford, Ind.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Mort Davis		13b. MOTHER'S MAIDEN NAME Nellie Taylor		
13c. NAME OF HUSBAND OR WIFE Anna Laura Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II				
16. SOCIAL SECURITY NO. 315-12-2456		17. INFORMANT Address Anna Laura W. Davis, Montgomery				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) INFARCTION RIGHT FRONTAL LOBE OF BRAIN		3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) POST-OPERATIVE RIGHT FRONTAL CRANIOTOMY WITH CLIPPING OF ANEURYSM	3 DAYS
	DUE TO (c) RUPTURED ANEURYSM OF RIGHT INTERNAL CAROTID ARTERY	4 1/2 MOS.
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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE

21. I attended the deceased from **JAN. 6, 1960** to **JAN. 18, 1960** and last saw her/him alive on **JAN. 18, 1960**
Death occurred at **10:25 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. O. Vermillion, M.D. (Degree or title)		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 1/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1/18/60	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		23d. LOCATION (City, town, or county) (State) Logansport Ind.
24. FUNERAL DIRECTOR Wm. A. Dyzewski ADDRESS		25. DATE RECD. BY LOCAL REG. JAN 19 1960	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 8 - 1988

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Agnew
Licensed Embalmer No. 3398

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.