URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010167

STATE FILE NUMBER

FILED VS MAR 22 1960

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 14 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Gir.
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 22 rear S. Ellis — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charley Middle: Last: Davis
4. DATE OF DEATH: Month Day Year: March 12, 1960
5. SEX: Male
6. COLOR OR RACE: Col.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 31, 1887
9. AGE (last birthday): 72
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unk.
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Walter Idom, Address: Walnut St., Cape Gir., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): uremia — unk
DUE TO (c): chronic renal disease — unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): marked malnutrition & dehydration
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-10-60, to 3-12-60 and last saw her/him alive on 3-12-60
Death occurred at 9:25 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jean A. Chapman (Degree or title) MD
22b. ADDRESS: 1902 Broadway Cape Girardeau
22c. DATE SIGNED: 16 March 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: L. R. Sparks ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 3-16-60
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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_____ Signed Oliver W. Holmes

Signature of Student Embalmer

Licensed Embalmer No. 4190

P. O. Address Charleston

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