

URR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010413

FILED VS MAR 16 1960

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 25 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri		c. CITY OR TOWN Salem, Missouri	
Length of stay in 1b 10 yr		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. 601 N. Jackson, Salem,		d. STREET ADDRESS (If outside, give location) 601 N. Jackson, Salem, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First E Middle Melinda Last Davis			4. DATE OF DEATH Month March Day 10 Year 1960		
5. SEX Female	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 Aug 22-84 75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Dent County	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Jacob Schafer		13b. MOTHER'S MAIDEN NAME Francis Reed Schafer		14. NAME OF HUSBAND OR WIFE Lawrence E. 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. 493-28-1876	17. INFORMANT Everett Davis Salem, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY Atherosclerosis		
DUE TO (c) GENERALIZED Arteriosclerosis		
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 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 JUNE 1957 3/10/60	COUNTY Dent	STATE Missouri
21. I attended the deceased from JUNE 1957 to 3/10/60 and last saw her ^{her} alive on 3/9/60 Death occurred at 5:50 am on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE B. J. Bass, MD	(Degree or title)	22b. ADDRESS Salem Mo	22c. DATE SIGNED 3/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 12 1960	23c. NAME OF CEMETERY OR CREMATORY Green Forest	23d. LOCATION (City, town, or county) Dent County, Missouri

24. FUNERAL DIRECTOR Spencer Funeral Home Inc. Salem, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3/12/60	26. REGISTRAR'S SIGNATURE M. M. Hunt, M.D. Actg.
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DOCUMENT
MEDICAL CERTIFICATION
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 _____

Signature of Student Embalmer

Signed

Carl H. Spence

Licensed Embalmer No. 237

P. O. Address Salmon

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.