

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010548

FILED VS APR 4 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 319B STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>				
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>SPRINGFIELD</u>		Length of stay in 1b <u>3 WKS</u>		c. CITY OR TOWN <u>HARTVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN HOSPITAL</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>55.W. HARTVILLE</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDITH ELLEN DAVIS</u>				4. DATE OF DEATH Month Day Year <u>MARCH - 13 - 1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-6-1904</u>	9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>6 7</u>	IF UNDER 24 HR Hours Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>WRIGHT CO. MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>MARION EVANS</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CANTRELL</u>			14. NAME OF HUSBAND OR WIFE <u>NOAH</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>Hospital</u>			Address <u>SPRINGFIELD, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peripheral vascular collapse</u> DUE TO (b) <u>Toxicity and hypovolemia</u> DUE TO (c) <u>Acute necrotizing pancreatitis</u> 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		COUNTY STATE		
21. I attended the deceased from <u>Feb 22-1960</u> to <u>3-13-60</u> and last saw her/him alive on <u>3-13-60</u> Death occurred at <u>12:15 p.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>R. Ramos Moxley M.D.</u>				22b. ADDRESS <u>Springfield, MO</u>		22c. DATE SIGNED <u>3-27-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3/16/60</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Stelle Cem</u>		23d. LOCATION (City, town, or county) <u>WRIGHT CO. MO.</u>			
24. FUNERAL DIRECTOR <u>John Simpson</u>			ADDRESS <u>Hartville, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-60</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Meltzer</u>	

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 Warren C. Simpson

Licensed Embalmer No. 5071

P. O. Address Hartsville, Md.

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