

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031364

STATE FILE NUMBER

FILED SEP 8 1960 209

Primary Registration District No. Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monroe City</b>		Length of stay in 1b <b>10 Months</b>		c. CITY OR TOWN <b>Monroe City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>730 Stanton Ave.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>730 Stanton Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>David Union Davis</b>				4. DATE OF DEATH Month Day Year <b>September 5, 1960.</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/10/'83</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>25</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumberman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Mgr.</b>	11. BIRTHPLACE (City and state or country) <b>Shelby Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Minta Davis</b>			13b. MOTHER'S MAIDEN NAME <b>Mary L. Moreland</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Davis.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <b>N</b> unknown) (If yes, give war or dates of service) <b>N</b>			16. SOCIAL SECURITY NO. <b>495 09 8360</b>	17. INFORMANT Address <b>Mrs. D.U. Davis. Monroe City Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarct</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b></b>							INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>unknown</b>	
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 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 Month, Day, Year a.m. p.m.	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 _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Henry Shivers Jr M D Coroner</b>				22b. ADDRESS <b>Hannibal Mo</b>		22c. DATE SIGNED <b>9/5/60</b>		
23a. BURIAL, CREATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/7/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Andrew Chapel Cemetery Belltown, Missouri.</b>		23d. LOCATION (City, town, or county) (State)				
24. FUNERAL DIRECTOR ADDRESS <b>Harold V. Garner Monroe City</b>			25. DATE RECD. BY LOCAL REG. <b>9-6-60</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Luske</b> <b>By Viola Pies, Deputy</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold Harmon

Licensed Embalmer No. 372

P. O. Address Monroe Ct

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