

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS SEP 28 1960

-60-037123

Registration District No. 324 Primary Registration District No. 6085 Registrar's No. 174

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clay Township</u>			Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Saline City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>15 Mi. S. E. Gilliam, Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>12 Mi. S. E. Gilliam</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>HARVEY</u> Last <u>DAVIS</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>18</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/24/1906</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Saline Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Sam Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Ennis Geneva Neff</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>498-30-4772</u>		17. INFORMANT <u>Howard Davis</u>		Address <u>Kansas City, 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>Suicide by hanging</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 Min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Self inflicted</u>							
DUE TO (c) <u> </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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>By hanging, self inflicted</u>			
20c. TIME OF INJURY <u>5⁰⁰ am</u>	Month, Day, Year <u>9-18-60</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Approx 2 miles from home</u>		20f. CITY, TOWN, OR LOCATION <u>Clay Twp</u>		COUNTY <u>Saline</u>	STATE <u>MO</u>
21. I attended the deceased <u>Woman</u> <u>and last saw her alive on</u> <u>9-18-60</u> <u>at her meeting</u> <u>at 5⁰⁰ am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. L. Lawrence M.D., Coroner Saline Co</u>				22b. ADDRESS <u>Marshall Mo.</u>		22c. DATE SIGNED <u>9-19-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/20/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>		23d. LOCATION (City, town, or county) <u>Saline Co. Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Haines Funeral Home Slater, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-20-60</u>		26. REGISTRAR'S SIGNATURE <u>Cecil G. Neal</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 Walter J. Haines

Licensed Embalmer No. 4557

P. O. Address Slater

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.