

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-039209**

FILED WS NOV 15 1960

STATE FILE NUMBER

Registration District No. 272 Primary Registration District No. 0912 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Bennessat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bennessat</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Steele</u>		Length of stay in 1b <u>1 month</u>	c. CITY OR TOWN <u>Steele</u> <u>Virginia</u> <sup>Toll</sup> 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>Virginia Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>route 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Charlie Wayne Davis</u>			4. DATE OF DEATH Month Day Year <u>11-2-60</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-14-60</u>	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lepusa ark</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>George Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Boyd</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>George Davis</u> Address <u>Steele Rt 3</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>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>few days</u> <u>Weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Virus pneumonia</u>	
	DUE TO (c) <u>Malnutrition</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
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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
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21. I attended the deceased from 11/2/60 to 11/2/60 and last saw <sup>her</sup> him alive on 11/2/60  
Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert Bartlett</u> (Print name and title)	22b. ADDRESS <u>Steele, Mo</u>	22c. DATE SIGNED <u>8 Nov. 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-3-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Steele MO</u>
24. FUNERAL DIRECTOR <u>Sherman Funeral Home</u> ADDRESS <u>Steele MO</u>	25. DATE RECD. BY LOCAL REG. <u>11-8-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O., Address \_\_\_\_\_

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