

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS NOV 28 1960

-60-041326

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 195 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mc Pleasant Township		Length of stay in 1b ---	c. CITY OR TOWN Hickman Mills
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 328th USAF Hospital INSTITUTION Richards-Gebaur AFB, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11310 Lister Ave

3. NAME OF DECEASED (Type or print) First Middle Last Infant Female Davis			4. DATE OF DEATH Month Day Year November 15 1960		
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5. SEX Female	6. COLOR OR RACE Cau	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 15 Nov 60	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. - - - 5	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA	10b. KIND OF BUSINESS OR INDUSTRY NA	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME Clarence Davis	13b. MOTHER'S MAIDEN NAME Christel Bartsch	14. NAME OF HUSBAND OR WIFE NA
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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. NA	17. INFORMANT Clarence Davis	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Prematurity		5 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Aneucephalic deformity	5 min
DUE TO (c)		

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 checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown	
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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.)
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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 15 November 1960 to 15 November 1960 last saw her ^{her} her alive on 15 November 1960	
Death occurred at 8:42 P m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Arnold J Halpern</i> (Degree or title) ARNOLD J HALPERN CAPT USAF MC	22b. ADDRESS 328th USAF Hospital Richards-Gebaur AFB, Mo.	22c. DATE SIGNED 16 Nov 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 17 Nov 60	23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	23d. LOCATION (City, town, or county) (State) Belton, Mo.
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24. FUNERAL DIRECTOR E. K. GEORGE & SONS Belton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov. 17-1960	26. REGISTRAR'S SIGNATURE <i>Ms Ray Debrae</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 15 1961

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Boston, V

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.