

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

Registration District No. 002

Primary Registration District No. 8009

Registrar's No. 2

=61-000037  
STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <b>ANDREW</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>ANDREW</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SAVANNAH</b>		Length of stay in 1b	c. CITY OR TOWN <b>SAVANNAH</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>206 West Market</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>206 West Market</b>	
3. NAME OF DECEASED (Type or print) First <b>WILL</b> Middle <b>LEE</b> Last <b>DAVIS</b>			4. DATE OF DEATH Month <b>January</b> Day <b>4</b> Year <b>1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-6-72</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and state or country) <b>Andrew County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>James J. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Wade</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie May Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>- - -</b>		17. INFORMANT Address <b>Mrs. Mildred Kellogg, Savannah, 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>Arterio-sclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 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 <b>6-1-59</b> to <b>1-4-61</b> and last saw <del>her</del> <sup>him</sup> alive on <b>1-4-61</b> Death occurred at <b>6:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ralph B. Kellogg</i>			22b. ADDRESS <b>Savannah, Missouri</b>		22c. DATE SIGNED <b>1-5-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1-6-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fillmore Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Fillmore, Missouri</b>
24. FUNERAL DIRECTOR <b>BREIT &amp; HAWKINS</b>			ADDRESS <b>SAVANNAH</b>	25. DATE RECD. BY LOCAL REG. <b>1-6-61</b>	26. REGISTRAR'S SIGNATURE <i>Kellean Sparks</i> <i>Rmcy</i>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed James P. Hawkins

Licensed Embalmer No. 4531

P. O. Address Savannah

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.