

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012903

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 17

AMENDED

FILED APR 24 1961

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Camden</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Osage Beach</u>                |  | c. CITY OR TOWN <u>Osage Beach</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Idle Days Resort</u> |  | d. STREET ADDRESS (If outside, give location) <u>Idle Days Resort</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|  |                                      |   |   |   |  |                              |
|--|--------------------------------------|---|---|---|--|------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>WARREN DELBERT DAVIS</u>                               |                                      |   | 4. DATE OF DEATH Month Day Year<br><u>April 13 1961</u> |   |  |                              |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>Caucasian</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12-30-01</u>                     | 9. AGE (last birthday)<br><u>59</u>                                     | IF UNDER 1 YEAR<br>Months Days Hours Min.                        | IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Resort Owner</u> |                                      | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><u>Scotts Mills, Ill.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                     |                              |
| 13a. FATHER'S NAME<br><u>Warren Davis</u>  |                                      | 13b. MOTHER'S MAIDEN NAME<br><u>Suzie Oatman</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Opal Davis</u>                        |  |                              |
| 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 Address<br><u>Mrs. Opal Davis Osage Beach, Mo.</u> |                              |

|   |  |                                  |
|---|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br><u>Arteriosclerosis</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|----------------------------------|

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|---|--|--|--|
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 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 |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from 9-10-57 to 4-13-61 and last saw <sup>her</sup> him alive on 4-8-61  
Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Robert E. Meenan Do</u> | 22b. ADDRESS<br><u>Lake Osage, Mo</u> | 22c. DATE SIGNED<br><u>4/13/61</u> |
|--|---------------------------------------|------------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 23b. DATE<br><u>4-17-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MEMORIAL PARK</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Quincey, Illinois</u> |
|--|-------------------------------|--|---|

|  |                              |   |   |
|--|------------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><u>Phillips Funeral Home</u> | ADDRESS<br><u>Eldon, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Apr. 15-1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Zilpha J. Straw</u> |
|--|------------------------------|---|---|

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

MAY 11 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Edon

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.