

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**61-016367**  
STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 3157

**FILED MAY 31 1961**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Vandalia</b>		c. CITY OR TOWN <b>Vandalia</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>804 Clay</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>804 Clay</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Gladys Estella Davis</b>			4. DATE OF DEATH Month Day Year <b>May 22, 1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9-16-1907</b>	9. AGE (last birthday) <b>53</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>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Dalton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>William Fristoe</b>		13b. MOTHER'S MAIDEN NAME <b>Stella Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Porter 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.		17. INFORMANT <b>Willis L. Davis, Vandalia, 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>Gun shot wound into head</b>		INTERVAL BETWEEN ONSET AND DEATH <b>immediate</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 checked="" 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.) <b>Bullet thru mouth into base of brain</b>
20c. TIME OF INJURY Hour <b>10:15</b> a.m. p.m. <b>May 22, 61</b>		

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.) <b>home</b>	20f. CITY, TOWN, OR LOCATION <b>Vandalia, Audrain Mo.</b>	COUNTY <b>Mo.</b>	STATE
21. I attended the deceased from <b>April 1961</b> to <b>May 22, 1961</b> and last saw <b>her</b> alive on <b>April 20, 1961</b> Death occurred at <b>10:15 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>Anthony Sigler Jr. M.D.</i>	22b. ADDRESS <b>Vandalia, Mo.</b>	22c. DATE SIGNED <b>5-23-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-25-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dalton Cemetery</b>
23d. LOCATION (City, town, or county) <b>Dalton Missouri</b>		

24. FUNERAL DIRECTOR <i>William B. Water</i>	ADDRESS <i>Vandalia, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>May 24 1961</i>	26. REGISTRAR'S SIGNATURE <i>Mallie Ferguson</i>
---	---------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 1961

27-15-02

body of the deceased

**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 William B. Uster  
\_\_\_\_\_

Licensed Embalmer No. 4169

P. O. Address Dandalia, Mo

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.