ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-028012

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 136

FILED JUL 24 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BEL AIR NURSING HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MISSISSIPPI
c. CITY OR TOWN CHARLESTON — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD#3 BOX 68 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ROSA Middle MOORE Last DAVIS
4. DATE OF DEATH: Month July Day 4 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-13-93
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Owensboro, Kentucky
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Mose Murphy
13b. MOTHER'S MAIDEN NAME: No Record
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Mrs Frances B. Rust, RFD#3 Address: Charleston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute flareup of Chronic glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) chronic glomerulonephritis.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive cardiovascular disease.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-2-61 to 7-4-61 and last saw her/him alive on 7-4-61
Death occurred at 2:15A m. 2:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. D. Urban, (Degree or title) M.D.
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 7-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-6-1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: THE NUNNELEE FUNERAL CHAPEL ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 7-18-61
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

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 John T. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.