

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032361

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 201

Primary Registration District No.

Registrar's No. 42

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wood Twp.		Length of stay in 1b Hrs.	c. CITY OR TOWN Rt. #1, Box #81, Mtn. Grove
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Working in Timber		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Mountain Grove, Mo.
3. NAME OF DECEASED (Type or print) First Middle Last BASIL C. DAVIS		4. DATE OF DEATH Month Day Year Oct. 3, 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5/10/39
9. AGE (last birthday) 22		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 6 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker		10b. KIND OF BUSINESS OR INDUSTRY Cutting Timber	11. BIRTHPLACE (City and state or country) Douglas County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Russell Davis	
13b. MOTHER'S MAIDEN NAME Thelma Clinton		14. NAME OF HUSBAND OR WIFE Pauline Brown Davis	
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. 500-40-5479	
17. INFORMANT Mrs. Pauline Davis, Rt. 1, Mtn. Grove, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed head and chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) caused by tree falling on him 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. ☐ 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.) Felled under tree while cutting timber		20c. TIME OF INJURY Hour Month, Day, Year 9 A.M. 10/3/61	
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.) in Woods	
20f. CITY, TOWN, OR LOCATION Woods Twp., Douglas, Missouri		20g. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.V. Clinkinshead Coroner		22b. ADDRESS Box 246, Ava, Mo.	
22c. DATE SIGNED 10-5-61		23a. NAME OF CEMETERY OR CREMATORY Flat Rock	
23b. LOCATION (City, town, or county) Willow Springs (Rural), Mo.		23c. DATE RECD. BY LOCAL REG. Oct-5-61	
23d. REGISTRAR'S SIGNATURE Vestel Bachman		24. FUNERAL DIRECTOR Burns, Willow Springs, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 T. R. Burns T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs,

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.