

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040410

STATE FILE NUMBER

AMENDED

Registration District ⁷⁰ **FILED DEC 13 1961** Primary Registration District No. _____ Registrar's No. ⁷⁰ _____

1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kahoka			Length of stay in 1b 1 year		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Walker Nursing Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First FLAVIUS Middle M. Last DAVIS				4. DATE OF DEATH Month December Day 6 Year 1961									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-3-1874		9. AGE (last birthday) 87		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) Farming				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Scotland Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME James Davis				13b. MOTHER'S MAIDEN NAME Susan A. Lockhart				14. NAME OF HUSBAND OR WIFE Laura Rude 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.		17. INFORMANT Address Laura Davis Kahoka, 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) Sepsis and bronchopneumonia 2 days DUE TO (b) Aspiration of vomitus during seizures DUE TO (c) Arterio-sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility								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 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 6-27-60 , to 12-6-61 and last saw ^{him} her alive on 12-6-61 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) R. L. Miller MD						22b. ADDRESS Kahoka Mo			22c. DATE SIGNED 12-8-61				
23a. MANNER OF CREMATION, REMOVAL (Specify) burial		23b. DATE 12-8-1961		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah cemetery			23d. LOCATION (City, town, or county) Scotland Co. Mo.						
24. FUNERAL DIRECTOR H. W. Moore & Sons ADDRESS Memphis, Mo.				25. DATE RECD. BY LOCAL REG. Dec 9-1961		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

written

and

name

1968-1969

1968-1969

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1968-1969

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FEB 18 1968

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 Paul Payne

Licensed Embalmer No. 2550

P. O. Address Memphis TN

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.