

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009749

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 31

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0030
200.30

3
4 0
5 1
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7 0
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9 155.0

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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 3 1962

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Rock Port Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Oliver LeRoy Davis 3 25 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-27-1894 9. AGE (last birthday) 67 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. 6 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Houston, Mo. 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME George Davis 13b. MOTHER'S MAIDEN NAME Lillie Richards 14. NAME OF HUSBAND OR WIFE Maude 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. none 17. INFORMANT Address Mrs Maude Davis, Rock Port, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Primary hepatoma
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. 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 _____ 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 3/11/60 to 3/25/62 and last saw him alive on 3/25/62
Death occurred 12:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE OS Niedermeyer MD (Degree or title) 22b. ADDRESS Fairfax Mo. 22c. DATE SIGNED 3/27/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-28-1962 23c. NAME OF CEMETERY OR CREMATORY English Grove Cem. 23d. LOCATION (City, town, or county) Fairfax, Mo.

24. FUNERAL DIRECTOR Bartholomew Mortuary, Rock Port, Mo. ADDRESS Thurck 30, 1962 25. DATE RECD. BY LOCAL REG. Therwin J. Schaefer 26. REGISTRAR'S SIGNATURE

USE BLACK INK OR TYPEWRITER RIBBON

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 *Grady Berchelt*

Licensed Embalmer No. 3173

P. O. Address Rose Port, 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.