

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-009939
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 342

FILED MAR 26 1962

VS 300
Rev. 4/59

1 5-117
2 5-117
3 2
4 0
5 2
6
7 0
8 2
9 9734
10
11
12 90-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF S. E. MELONEY, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		Length of stay in 1b most of life	c. CITY OR TOWN St. Joseph, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1019 North 20th Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1019 North 20th Street
3. NAME OF DECEASED (Type or print) First FREDERICK Middle WILLIAM Last DAVIS		4. DATE OF DEATH Month March Day 18 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Traffic Manager		10b. KIND OF BUSINESS OR INDUSTRY Morris Company	9. AGE (last birthday) 85
11a. BIRTHPLACE (City and state or country) Corning, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Davis		13b. MOTHER'S MAIDEN NAME Emily Bulley	
14. NAME OF HUSBAND OR WIFE Nellie V. Davis		17. INFORMANT Dau-in-law Address Mrs. Clark Goodell-St. Joseph, Missouri	
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. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia DUE TO (b) Carbon monoxide gas DUE TO (c) Selfe administered PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) plastic bag interlocked to be turned gas on			INTERVAL BETWEEN ONSET AND DEATH at once at once at once
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 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.)	
20c. TIME OF INJURY Hour 11:30 Month, Day, Year March 18 62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION St. Joseph Buchanan Mo	
21. I attended the deceased from injured body and last saw ^{them} him ^{alive} on Mar 19 62 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. E. Meloney M.D. Coroner		22b. ADDRESS St. Joseph Mo	22c. DATE SIGNED 5-20-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Meiernoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 23, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

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 Raymond H. Shaw

Licensed Embalmer No. 5147

P. O. Address St Joseph 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.