

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012083

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 4286 Registrar's No. 10  
**FILED** MAR 28 1962

|                     |              |
|---------------------|--------------|
| VS 300<br>Rev. 4/59 | DATE AMENDED |
| 1 0750              |              |
| 2 0750 3            |              |
| 3                   |              |
| 4 1                 |              |
| 5 2                 |              |
| 6                   |              |
| 7 0                 |              |
| 8 0                 |              |
| 9 4200              |              |
| 10                  |              |
| 11                  |              |
| 12 90-0             |              |
| 13 3-0              |              |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Oregon</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Thayer</b>  |   | Length of stay in 1b<br><b>14 months</b>  | c. CITY OR TOWN <b>Thayer</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                               |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Mezur Martha Davis</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Mar. 9 1962</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-30-1877</b>  |
| 9. AGE (last birthday)<br><b>84</b>   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b>   | 11. BIRTHPLACE (City and state or country)<br><b>West Plains, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   | 13a. FATHER'S NAME<br><b>Samuel Moody Pace</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Evalyn R. Forrest</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>George Abner Davis</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |   | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>Frederick Davis, Thayer, Missouri</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cong occlusion</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Arteriosclerotic heart disease</b> |   |   | 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)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.   |   | 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 <b>1961</b> to <b>1962</b> and last saw her/him alive on <b>12:00 P.</b><br>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)<br><b>Arwalk M.P.</b>  |   | 22b. ADDRESS<br><b>Mammoth Spring Ark</b>   | 22c. DATE SIGNED<br><b>3-16-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>3-11-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Davis Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Thayer, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Carter Funeral Home, Thayer, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-20-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Roy Head</b>   |

Permit not obtained

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 *Edward Carter*

Licensed Embalmer No. 4516

P. O. Address West Plains - 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.