

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018520

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 52

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 4 1962**

1. PLACE OF DEATH  
 a. COUNTY Dent  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem Length of stay in 1b 20 yrs  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION at Residence Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Dent  
 c. CITY OR TOWN Salem Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 5th street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Lawrence Middle E Last Davis 4. DATE OF DEATH Month May Day 30 Year 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-24-81 9. AGE (last birthday) 80 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) farmer 10b. KIND OF BUSINESS OR INDUSTRY General 11. BIRTHPLACE (City and state or country) Dent Co Missouri U S A 12. CITIZEN OF WHAT COUNTRY \_\_\_\_\_

13a. FATHER'S NAME John Davis 13b. MOTHER'S MAIDEN NAME Drawsila Woodward 14. NAME OF HUSBAND OR WIFE Sophia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  17. INFORMANT Everett Davis Address rt 5 Salem 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) Acute coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 48 hrs  
 DUE TO (b) Coronary Atherosclerosis  
 DUE TO (c) Generalized Atherosclerosis  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. 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 1958 to 1962 and last saw him alive on 5/29/62  
 Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Bass, MD (Degree or title) 22b. ADDRESS Salem, Mo 22c. DATE SIGNED 6/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE June 1-62 23c. NAME OF CEMETERY OR CREMATORY Green Forest 23d. LOCATION (City, town, or county) Dent Co Mo (State)

24. FUNERAL DIRECTOR Spencer Funeral Home Inc ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 6/1/62 26. REGISTRAR'S SIGNATURE M. M. Clark, M.D. by Ann

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

0331

20331

3

4 0

5 2

6

7 0

8 2

94201

10

11

12 90-0

13 1-0

USE BLACK INK FOR 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 Carl H. Johnson

Licensed Embalmer No. 2376

P. O. Address Dalton 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.