

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031500

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 442

FILED SEP 14 1962

VS 300
Rev. 4/59

1 0499
2 0730

3 1

4 0

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7 1

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9 331X

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12 4-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		Length of stay in lb <u>5 days</u>	c. CITY OR TOWN <u>rte 3, Neosho</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 mi. E. of Seneca</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Hugh Mitchell Davis</u>		4. DATE OF DEATH Month Day Year <u>Sept. 6, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 2, 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>rural mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) <u>72</u>
11a. FATHER'S NAME Real father <u>Barto Pierce</u> Adopt. " <u>Charles Davis</u>		11. BIRTHPLACE (City and state or country) <u>Georgia</u>	
13b. MOTHER'S MAIDEN NAME ----- <u>Bilke</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>Yes WWI</u>		17. INFORMANT Address <u>Mrs. Letha Davis, rte 3, Neosho, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage, Left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arterio sclerosis</u>		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year 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 ----- to ----- and last saw her him alive on ----- Death occurred at <u>9:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Albert E. Upsher M.D.</u>		22b. ADDRESS <u>Kansas City 6-Mo</u>	22c. DATE SIGNED <u>9/7/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-9-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Seneca Missouri</u>
24. FUNERAL DIRECTOR <u>W.E. Biddlecome</u>		ADDRESS <u>Seneca, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-11-62</u>
		26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 27 1962

SEP 20 1962

OCT 2 1962

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 W. G. Williams

Licensed Embalmer No. 2174

P. O. Address Seneca 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.

Burial permit received - pending Dr. signature