MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-034279
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 110

FILED OCT 9 1962

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN PACIFIC
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 100 PARK ST.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First RONALD Middle WILLIS Last DAVIS
4. DATE OF DEATH Month SEPT. Day 23 Year 1962
5. SEX MALE
6. COLOR OR RACE COLORED
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH MAR. 17, 1943
9. AGE (last birthday) 19
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) STUDENT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) PACIFIC, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HAROLD DAVIS
13b. MOTHER'S MAIDEN NAME ALFREDA COLEMAN
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT ALFREDA SCRUGGS Address 1901 CASS AVE. ST. LOUIS, MO.

MEDICAL CERTIFICATION

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 pneumonitis — INTERVAL BETWEEN ONSET AND DEATH 24 hrs?
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)
Died without medical attendance
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 ____ to ____ and last saw her/him alive on ____
Death occurred at about 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [illegible] MD
22b. ADDRESS [illegible]
22c. DATE SIGNED 9/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT. 25, 1962
23c. NAME OF CEMETERY OR CREMATORY PACIFIC CEMETERY
23d. LOCATION (City, town, or county) PACIFIC (State) MISSOURI
24. FUNERAL DIRECTOR THIEBES FUNERAL HOME ADDRESS PACIFIC, MO.
25. DATE RECD. BY LOCAL REG. Sept 25-62
26. REGISTRAR'S SIGNATURE Mary B. Gross

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1962

OCT 10 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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.