MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035502

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5800 Registrar's No. 31

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0690
2 8210
3
4 0
5 1
6
7 1
8 2
9 X
10
11 069
12 91-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MONROE TOWNSHIP
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U.S.HIGHWAY 24
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MICHIGAN b. COUNTY: MIDLAND
c. CITY OR TOWN: MIDLAND
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3907 ROBIN HOOD TERRIS
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JACK Middle HOWARD Last DAVIS

4. DATE OF DEATH: Month SEPTEMBER Day 16, Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: AUGUST 13, 1931

9. AGE (last birthday): 31

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): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: BREAD SALESMAN

11. BIRTHPLACE (City and state or country): SAGINAW, MICHIGAN

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: OREN G.DAVIS

13b. MOTHER'S MAIDEN NAME: BESSIE FALK

14. NAME OF HUSBAND OR WIFE: BETTY DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: OREN G.DAVIS Address: LANCING, MICHIGAN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): HEAD & CHEST INJURY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): CAR & TRUCK ACCIDENT

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. ☐ 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.) CAR & TRUCK COLLISION

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: ABOUT 10:45P.M.9,16,1962

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.): U.S.HIGHWAY 24

20f. CITY, TOWN, OR LOCATION: MONROE CITY, Mo R2 COUNTY: MONROE STATE: MISSOURI

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Russell M Wilson (Degree or title): Coroner

22b. ADDRESS: MONROE CITY, MISSOURI

22c. DATE SIGNED: 9-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: SEPT 18,1962

23c. NAME OF CEMETERY OR CREMATORY: FORREST LAWN CEMETERY

23d. LOCATION (City, town, or county) (State): SAGINAW, MICHIGAN

24. FUNERAL DIRECTOR: Wilson & Sons ADDRESS: Monroe City Mo

25. DATE RECD. BY LOCAL REG.: Sept 18-1962

26. REGISTRAR'S SIGNATURE: Elsie Miller

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 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 Me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.