

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047644

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 192

FILED DEC 21 1962	
1. PLACE OF DEATH	
a. COUNTY Macon	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmer	a. STATE Missouri b. COUNTY Macon
Length of stay in 1b 91 Yrs.	c. CITY OR TOWN Elmer
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----	d. STREET ADDRESS -----
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(If outside, give location) -----
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED	
First THOMAS	Middle WALLER Last Mc DAVITT
4. DATE OF DEATH Dec 17, 1962	
5. SEX M	6. COLOR OR RACE W
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/27/71
9. AGE (last birthday) 92	IF UNDER 1 YEAR
	Months 0 Days 26 Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Lumber Dealer	10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard
11. BIRTHPLACE (City and state or country) Elmer, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W.H. McDavitt	13b. MOTHER'S MAIDEN NAME Laura I. Gash
14. NAME OF HUSBAND OR WIFE Elizabeth McDavitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Elizabeth McDavitt, Elmer, Mo.	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebral Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerosis
	DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	
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 type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____
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 <u>December 17, 1962</u> to <u>December 17, 1962</u> and last saw him alive on <u>December 17, 1962</u> Death occurred at <u>December 17, 1962</u> <u>9 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Harold A. Pate M.D.</i>	22b. ADDRESS <i>La Plata, Mo.</i>
22c. DATE SIGNED 12-17-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 19, 62
23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Missouri
24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo.	24. ADDRESS
25. DATE RECD. BY LOCAL REG. 12/20/62	26. REGISTRAR'S SIGNATURE <i>Keith McNeely</i>

DO NOT WRITE ON THIS STUB

AMENDED

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

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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 Kenneth M. Wilson

Licensed Embalmer No. H-701

P. O. Address L. Plate, 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.