MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049312
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 233

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Length of stay in 1b: 45 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 314 W. Allison — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Vernon
c. CITY OR TOWN Nevada — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 314 W. Allison — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MELVILLE Middle: ELSWORTH Last: DAVIS

4. DATE OF DEATH Month 12 Day 23 Year 62

5. SEX m
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/7/91
9. AGE (last birthday) 71
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) Service Station
10b. KIND OF BUSINESS OR INDUSTRY Attendant
11. BIRTHPLACE (City and state or country) Leesville, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Chas. H. Davis
13b. MOTHER'S MAIDEN NAME Carrie V. Williams
14. NAME OF HUSBAND OR WIFE Sara Davis

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.
17. INFORMANT Sara Davis, Address Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	GENERALIZED ABDOMENAL CARCINOMA	6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARCINOMA OF STOMACH	1 yr.
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.)
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 Sept. 8, 1962 to Dec. 23, 1962 and last saw him alive on Dec. 22, 1962
Death occurred at Dec. 23, 1962 2:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. M. O. Burke, D.P. — 22b. ADDRESS Rich Hill, Mo. — 22c. DATE SIGNED 12/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/26/62
23c. NAME OF CEMETERY OR CREMATORY Moore
23d. LOCATION (City, town, or county) (State) Nevada, Mo.

24. FUNERAL DIRECTOR ADDRESS Richard L. Shorten, Nevada, Mo.
25. DATE RECD. BY LOCAL REG. 12-29-62
26. REGISTRAR'S SIGNATURE Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	085		
2	085		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	51X		
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1963

APR 30 1963

MAY 20 1964

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 Lloyd C. McCall

Licensed Embalmer No. 4853

P. O. Address Moberly 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.