

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012426

STATE FILE NUMBER

Registration District No. **299** Primary-Registration District No. _____ Registrar's No. **6**

FILED MAR 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0640
28250

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Montana b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fabius Township		Length of stay in 1b Transient	c. CITY OR TOWN Hardin Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Taylor, mo on Hwy 61		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Allen Leroy Davis		4. DATE OF DEATH Month Day Year March 9 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-27 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Ranch Hand		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 39 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Smithville, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Phillip Davis		13b. MOTHER'S MAIDEN NAME Twillia McCance	
14. NAME OF HUSBAND OR WIFE		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. no record		17. INFORMANT Clayton Davis Address Rock Island, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest			INTERVAL BETWEEN ONSET AND DEATH immediate
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 (e) Fracture of both thighs			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 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 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Nancy Hoads Jr (Degree or title) Coroner		22b. ADDRESS Hannibal Mo	
22c. DATE SIGNED 3/12/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-12-63	23c. NAME OF CEMETERY OR CREMATORY Prugh Funeral Home	23d. LOCATION (City, town, or county) (State) Burlington Iowa
24. FUNERAL DIRECTOR From Lewis Bros.		ADDRESS Palmyra, Mo.	25. DATE RECD. BY LOCAL REG. 3-12-63
		26. REGISTRAR'S SIGNATURE Dr. E. M. Lusche Ry Viola Sec. Deputy	

(Licensed Embalmer's Statement on Reverse Side)

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

J. B. Lewis

Licensed Embalmer No. 4875

P. O. Address Palmyra, 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.