

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017106

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 17

**FILED APR 23 1963**

1. PLACE OF DEATH  
 a. COUNTY Pike  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green Length of stay in 1b 3 1/2 months  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Straube Rest Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Pike  
 c. CITY OR TOWN Louisiana Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 516 South Carolina St. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Robert Wesley Davis April 7 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9/17/1870 9. AGE (last birthday) 92 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurseryman 10b. KIND OF BUSINESS OR INDUSTRY Fruit Nursery 11. BIRTHPLACE (City and state or country) Eldora, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Davis 13b. MOTHER'S MAIDEN NAME Annie Kesterson 14. NAME OF HUSBAND OR WIFE Maggie May Carr Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No) 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Mrs. E.T. VanHooser, Louisiana, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 1 hr.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Congestive Heart Failure 4 hrs.  
 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 3/25/63 to 4/7/63 and last saw him alive on 3/31/63  
 Death occurred at 4/7/63 11:20P/M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John R. Dwyer MD 22b. ADDRESS 214 W. Church, Bowling Green, Mo. 22c. DATE SIGNED 4/9/63

23a. BURIAL, CREMATION; REMOVAL (Specify) Burial 23b. DATE 4/10/1963 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Louisiana, Missouri

24. FUNERAL DIRECTOR Geo. M. Collier, Louisiana, Mo. ADDRESS 4-19-63 25. DATE RECD. BY LOCAL REG. 4-19-63 26. REGISTRAR'S SIGNATURE Maiden Co. Williams

VS 300 Rev. 4/59

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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

1444 972

No permit issued.

Mailee E. Williams

Local Registrar

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

*Geo. M. Collier*

Licensed Embalmer No.

*3829*

P. O. Address

*Louisiana, 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.