

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035616

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 29 1963

5393

48

VS 300
Rev. 4/59

1 0340

2 03401

3

4 0

5 2

6

7 0

8 0

9 334X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Benton Township		c. CITY OR TOWN Ava	
Length of stay in 1b Life		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Route	
Inside Limits Yes ☐ No ☐		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) Coma Davis		4. DATE OF DEATH Sept. 13, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12-18-82 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchand, Blacksmith and farmer		11. BIRTHPLACE (City and state or country) Noble, Missouri	
13a. FATHER'S NAME John T. Davis		14. NAME OF HUSBAND OR WIFE Gertie Ellen Davis	
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. Mrs. Cinita Brown, Ava, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebral Apoplexy DUE TO (b) Chronic Hypertension DUE TO (c) Chronic Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6-8 hrs 6-8 yrs 6-8 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Deamatitis		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 7-9-58 to 9-12-63 and last saw him alive on 9-13-63 Death occurred at 3:30 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. C. Denton		22b. ADDRESS Ava Mo	
22c. DATE SIGNED 9-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-15-63	23c. NAME OF CEMETERY OR CREMATORY Whitescreek	23d. LOCATION (City, town, or county) Route, Ava, Missouri
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 16-63	26. REGISTRAR'S SIGNATURE Walter Bushman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 24 1963

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

Charlie R. Fish

Licensed Embalmer No.

4662

P. O. Address

Am. 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.