

FILED DEC 24 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 83679

Registration District No. 47 Primary Registration District No. 5168 Registrar's No. 300

S. 300
 1-54
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1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE N. Carolina b. COUNTY Transylvania	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mc Credie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Pisgah Forest
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 40		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Box 413

3. NAME OF DECEASED (Type or print) First Middle Last Edward Lee Roy Davis			4. DATE OF DEATH Month Day Year Dec. 17, 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 8, 1934	9. AGE (In years last birthday) 23	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Air Force	10b. KIND OF BUSINESS OR INDUSTRY Airman 1 Cl.	11. BIRTHPLACE (City and state or country) Transylvania County N.C.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lee Roy Davis	13b. MOTHER'S MAIDEN NAME unknown - Agnus Maxwell	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes 1954-1957	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Discharge Papers	Address
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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 Skull--Torn Brain		INTERVAL BETWEEN ONSET AND DEATH Inst
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 (a) Fractures of all head and face bones all ribs right hip leg		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Hiway Accident vehicle wheel passed over
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20c. TIME OF INJURY Hour Month, Day, Year 10.00 p.m. 12 17 57	body.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway	20f. CITY, TOWN, OR LOCATION Hiway 40 2 mi. W. of hi. 54 Callaway Mo	COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at 10.00 P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nancy A. Stewart (Degree or title) Coroner 3	22b. ADDRESS Callaway County Fulton Mo.	22c. DATE SIGNED 12/18/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/19/57	23c. NAME OF CEMETERY OR CREMATORY SIC	23d. LOCATION (City, town, or county) (State) Pisgah Forest N.C.
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24. FUNERAL DIRECTOR Marpin D. N. Fulton	ADDRESS	25. DATE RECD. BY LOCAL REG. Dec. 21-1957	26. REGISTRAR'S SIGNATURE Maretta Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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DEC 8 0 1957

JAN 3 1958

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 *[Handwritten Signature]*

Licensed Embalmer No. *3722*

P. O. Address *Fulton Md*

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.