

Health,
Welfare
Public
Service

S. 300
v. 1-57

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

FILED DEC 30 1957

STANDARD CERTIFICATE OF DEATH

154233
STATE FILE NUMBER

Registration District No. 501 Primary Registration District No. 2450 Registrar's No. 2414

1. PLACE OF DEATH a. COUNTY Ripley			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Doniphan		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		Length of stay in 1b 11 hrs	d. STREET ADDRESS 2 miles south		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Robert LeRoy Davis			4. DATE OF DEATH Month Day Year Nov. 3, 1957		
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 May 23, 1940	9. AGE (In years last birthday) 17	IF FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 5 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY common labor	11. BIRTHPLACE (City and state or country) Effingham, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John W. Davis		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none	
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.	17. INFORMANT Address Goldie Ford Doniphan, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic injury of abdomen Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Car wreck. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple fractures right leg.					INTERVAL BETWEEN ONSET AND DEATH 14 hours.
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury to PART I or PART II of item 18.) Car accident			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Doniphan Mo Ripley Mo			
21. I attended the deceased from 11/2/57 to 11/3/57 and last saw her him alive on 11/3/57 Death occurred at 9:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank C. Johnson MD (Degree or title)			22b. ADDRESS Doniphan, Mo		22c. DATE SIGNED 11/12/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Belleville Cemetery		23d. LOCATION (City, town, or county) (State) Ripley County Mo.	
24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-5-57	26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1957

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 *Gene Harent*

Licensed Embalmer No. *4809*

P. O. Address *Hayler, 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.