

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004477

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

101

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>					
b. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>East Prairie</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.M.M.C.</u>			Length of stay in 1b <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Tommy</u> Middle <u>Russell</u> Last <u>Davis</u>				4. DATE OF DEATH Month <u>February</u> Day <u>25</u> Year <u>1959</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 25 59</u>		9. AGE (In years last birthday) Months <u>10</u> Days <u>18</u>	IF UNDER 1 YEAR IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Columbia, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Eugene Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Virginia Upchick</u>			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)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>mother</u>		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Immaturity</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Premature Labor</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH		
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.) <u>776X</u>						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)						
20e. CITY, TOWN, OR LOCATION			COUNTY			STATE			
21. I attended the deceased from <u>2nd Am 2/27/59</u> to <u>1 PM 2/25/59</u> and last saw her alive on <u>2/25/59</u> Death occurred at <u>1 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Walter Ray Hegarty M.D.</u>				22b. ADDRESS <u>M.U. Medical Center</u>				22c. DATE SIGNED <u>2/27/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>March 2, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Univ. Medical Center</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>			
24. FUNERAL DIRECTOR <u>M. D. Overholser</u> Address <u>Dist. of Autonomy</u>				25. DATE RECD. BY LOCAL REG. <u>March 3 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

M. D. Overholser, M. D. (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

Licensed Embalmer No.....

P. O. Address.....

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.