

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022538

STATE FILE NUMBER

DECEASED JUL 13 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 160

300
-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Charles Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 128 s. Cadillac Dr.		Length of stay in lb 092 3/4	d. STREET ADDRESS (If outside, give location) 128 S. Cadillac Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Duckworth Last Davy			4. DATE OF DEATH Month July Day 1 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 1, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Inter. Shoe		10b. KIND OF BUSINESS OR INDUSTRY Inter. Shoe	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 11 Days 0 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Jackson, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Davy		13b. MOTHER'S MAIDEN NAME Susan Duckworth	14. NAME OF HUSBAND OR WIFE Mayme Vaughn Davy
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. 497-01-6302	17. INFORMANT Address Mrs. Mayme Davy, St. Charles, 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) Suicide			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Gun shot wound from a 38 caliber revolver			
DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Barrel of gun against temple right side		
20c. TIME OF INJURY Hour 8 Month 7 Day 13 Year 1959 a.m. p.m. 9-24 A.M.	with one empty shell in gun.		
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.) Home	20f. CITY, TOWN, OR LOCATION St. Charles	COUNTY St. Charles STATE MO
21. I attended the deceased from I viewed the remains and had the Police report. Death occurred at no inquest. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Meris M. ...</i> (Degree or title) Coroner		22b. ADDRESS Wentzville MO	22c. DATE SIGNED July 1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/4/59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
24. FUNERAL DIRECTOR Arthur C. Baue St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. July 4-59	26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</i>

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Item 20a corr by
advt of coroner
7-23-59

All diseases in Part I must be causally related.

6501 2 T 700

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 *David C. Bave*

Licensed Embalmer No. *5060*

P. O. Address *H. Clark, T.*

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.