

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039378

FILED VS. NOV 25 1959

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 199

UNRECORDED

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Plette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Length of stay in 1b 3 Months	c. CITY OR TOWN Camden Point, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hosp		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) Camden Point, Mo.
3. NAME OF DECEASED (Type or print) First Middle Last DESDA HULL DAVIS		4. DATE OF DEATH Month Day Year Nov. 17, 1959	

5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/5/94	9. AGE (last Birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Camden Point, Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME E. R. Hull		13b. MOTHER'S MAIDEN NAME Elma Bywaters		14. NAME OF HUSBAND OR WIFE Joy Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO.		17. INFORMANT Joy Davis, Camden Point, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Thrombosis Right Iliac Artery		3 days
DUE TO (b) Collagen Disease (Sclero derma)		2 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m.			

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.)	20f. CITY, TOWN, OR LOCATION Camden Point, Mo.	COUNTY Plette	STATE Mo.
21. I attended the deceased from <u>July 1959</u> to <u>Nov 17, 1959</u> and last saw her <u>2 15</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>Camden Point, Mo.</u>				

22a. SIGNATURE David R. Chilea M.D. (Degree or title)	22b. ADDRESS Smithville, Mo.	22c. DATE SIGNED 11-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Camden Point Cemetery	23d. LOCATION (City, town, or county) Camden Point, Mo.	(State)
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24. FUNERAL DIRECTOR Vaughn & Aufreno, Dearborn, Mo.	25. DATE RECD. BY LOCAL REG. 11-19-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 1962

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

W. R. Vaughn

Licensed Embalmer No. *4023*

P. O. Address *Weston, Va*

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.