

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-040646**

FILED VS NOV 20 1959/57

3028

212

STATE FILE NUMBER

MEMBERED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
Length of stay in 1b 50 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hosp.		d. STREET ADDRESS (If outside, give location) Route 3	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last PHARIS LEE DAVIS			4. DATE OF DEATH Nov 8, 1959 Month Day Year		
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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 1-9-1901	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dairy farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Golden, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Stephen Davis	13b. MOTHER'S MAIDEN NAME Fannie Dodson	14. NAME OF HUSBAND OR WIFE Nell Curry Davis
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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. 492-42-8142	17. INFORMANT Address Nell Davis, Rte 3, Carthage, Mo
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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) <i>Accidental injuries sustained in Automobile Collision</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 days.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1) Rheumatoid Arthritis Severe 2) Arteriosclerosis Uncontrolled</i>		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 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.) head on collision 2 autos on rural road
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20c. TIME OF INJURY Hour Month, Day, Year 12:15 p.m. 11-6-59	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.) rural road	20f. CITY, TOWN, OR LOCATION Union Township	COUNTY Jasper	STATE Mo
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21. I attended the deceased from 11-6-59 to 11-8-59 and last saw her him alive on 11-8-59		Death occurred at 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>W.S. McNew</i> (Degree or title) MD	22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 11-9-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-11-59	23c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery	23d. LOCATION (City, town, or county) Carthage, Mo (State)
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24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo	25. DATE RECD. BY LOCAL REG. 11-10-59	26. REGISTRAR'S SIGNATURE <i>W. J. Clenton</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X

X

X

X

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STATEMENT BY LICENSED EMBALMER

JAN 6 1960

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.