

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020238

AMENDED

Registration District No. 1 Primary Registration District No. Registrar's No. 158 STATE FILE NUMBER

FILED JUN 19 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nineveh Twp.		c. CITY OR TOWN Novinger	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) No street address	

3. NAME OF DECEASED (Type or print) First Larry Middle Junior Last Davis			4. DATE OF DEATH Month June Day 12 Year 1961		
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 3/6/1943	9. AGE (last birthday) 18	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (City and state or country) Novinger, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charley Davis		13b. MOTHER'S MAIDEN NAME Pearl Hedrick	
14. NAME OF HUSBAND OR WIFE Never married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			

17. INFORMANT Charley Davis, Novinger, 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) Broken Neck and multiple contusions of the head DUE TO (b) multiple contusions of the head DUE TO (c) crushed chest and internal injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Instant
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	

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.) two car accident on a curve located		
20c. TIME OF INJURY 10:45 p.m.	Hour 10:45 Month, Day, Year 6/12/61	App. 4 miles W. of US # 63 on Mo. state route # 6.		
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.) Mo. state route #6	20f. CITY, TOWN, OR LOCATION Naneveh Twp. Adair, Mo.	COUNTY	STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **10:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Nov E. Foster</i> Nov E. Foster, Coroner	22b. ADDRESS Kirkville, Adair, Mo.	22c. DATE SIGNED 6/13/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/15/1961	23c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	23d. LOCATION (City, town, or county) (State) Green Castle, Mo.
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24. FUNERAL DIRECTOR <i>Glean E. Kent</i> Glean E. Kent, Green City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. June 13, 1961	26. REGISTRAR'S SIGNATURE <i>Dora W. Rattiff</i>
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(Licensed Embalmer - Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUN 27 1961

JUL 19 1961

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

Carl B. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.