

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020934

DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 583-A STATE FILE NUMBER

DATE AMENDED: AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY Green County b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo. Length of stay in 1b c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital Inside Limits Yes [X] No [] d. STREET ADDRESS (If outside, give location) Montier Inside Limits Yes [] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last Jesse Bean Davis 4. DATE OF DEATH Month Day Year June 12 1961

5. SEX M. 6. COLOR OR RACE W. 7. Married [] Never Married [] Widowed [X] Divorced [] 8. DATE OF BIRTH 9/9/74 9. AGE (last birthday) 87 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Lebanon, Alabama 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Amasa Goras Davis 13b. MOTHER'S MAIDEN NAME Mary Horton 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) No 16. SOCIAL SECURITY NO. No 17. INFORMANT Beacie Davis Rt. 2 Birch Tree, Mo. 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 hrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis 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 [] Yes [] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-30-61 to 6-12-61 and last saw him alive on 5-30-61 Death occurred at 10:00 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. 22b. ADDRESS Springfield Mo 22c. DATE SIGNED 6/17/61

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/14/61 23c. NAME OF CEMETERY OR CREMATORY Montier Cemetery 23d. LOCATION (City, town, or county) (State) Montier, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo. 25. DATE RECD. BY LOCAL REG. 6-21-61 26. REGISTRAR'S SIGNATURE Effie L Melton

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Intn. View

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.