

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022128 STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 5944 Registrar's No. 35

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dawson Twp Length of stay in 1b 60yrs
c. CITY OR TOWN St. James Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None Inside Limits Yes No
d. STREET ADDRESS Dawson Twp (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Sylvia Ann Davis
4. DATE OF DEATH Month Day Year June 18, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 5/14/1901 9. AGE (last birthday) 60 IF UNDER 1 YEAR IF UNDER 24 HR
Months 1 Days 4 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 None 11. BIRTHPLACE (City and state or country) Phelps Co, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Hans I. Skouby 13b. MOTHER'S MAIDEN NAME Catherine Bennetsen 14. NAME OF HUSBAND OR WIFE Ralph Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ralph Davis, St. James, 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) Coronary occlusion
DUE TO (b) Pleurisy
DUE TO (c) .
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
INTERVAL BETWEEN ONSET AND DEATH 0 5 day

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 a.m. Month, Day, Year
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 June 3, 1961, to June 18, '61 and last saw her alive on June 17, 1961
Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. W. Hammler, M.D. (Degree or title) 22b. ADDRESS St. James, Mo. 22c. DATE SIGNED 6-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/21/1961 23c. NAME OF CEMETERY OR CREMATORY High Gate Cemetery 23d. LOCATION (City, town, or county) Phelps Co, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Jesse Sahr - St James, Mo. 25. DATE RECD. BY LOCAL REG. 6-21-1961 26. REGISTRAR'S SIGNATURE Ruth B Powell

JUN 27 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

C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address

H. James M.

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.