

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027954

STATE FILE NUMBER

AMENDED

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 25

FILED JUL 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>TEUN</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEAUVIOS TS</u>		c. CITY OR TOWN <u>MEMPHIS</u>	
Length of stay in 1b _____		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HIGHWAY # 61</u>		d. STREET ADDRESS (If outside, give location) <u>253 So. MAIN ST</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALVIN A. DAVIS</u>			4. DATE OF DEATH Month Day Year <u>JULY 9 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/22/04</u>
9. AGE (last birthday) <u>5</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or country) <u>HOLLAND MO</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>FRANK DAVIS</u>	
13b. MOTHER'S MAIDEN NAME <u>HEMERITTA BARNETTE</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Mrs Emma Moore Oester</u>		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) <u>rounded chest fractured skull</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10800</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>TRUCK OVERTURNING</u>			
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
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.) <u>TRUCK OVERTURNING</u>	
20c. TIME OF INJURY Hour <u>1:00</u> a.m. p.m. Month, Day, Year <u>July 9/61</u>	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.) <u>US HIGHWAY 61</u>		20f. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE CO</u>	STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Doc. Barber coroner</u>		22b. ADDRESS <u>Ste. Genevieve Mo</u>	22c. DATE SIGNED <u>7/10/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-9-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	23d. LOCATION (City, town, or county) (State) <u>Blytheville Ark.</u>
24. FUNERAL DIRECTOR <u>Cobb Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>13 July 61</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>
ADDRESS <u>Blytheville Ark.</u>			

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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 Adrian J. Ehlert

Licensed Embalmer No. 4746

P. O. Address St. Dennis

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.