

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032361

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 201 Primary Registration District No. _____ Registrar's No. 42

AMENDED **FILED OCT 9 1961**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wood Twp.</u>		Length of stay in 1b Hrs.	c. CITY OR TOWN <u>Rt. #1, Box #81, Mtn. Grove</u>		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Working in Timber</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Mountain Grove, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BASIL</u> Middle <u>C.</u> Last <u>DAVIS</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>3</u> Year <u>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>5/10/39</u>	9. AGE (last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cutting Timber</u>	11. BIRTHPLACE (City and state or country) <u>Douglas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Russell Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Thelma Clinton</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Brown 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 Address <u>Mrs. Pauline Davis, Rt 1, Mtn. Grove, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Crushed head and chest</u>					<u>Inst.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>caused by tree falling on him</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>Felled under tree while cutting timber</u>			
20c. TIME OF INJURY Hour <u>9 A.M.</u> a.m. p.m. Month, Day, Year <u>10/3/61</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in Woods</u>	20f. CITY, TOWN, OR LOCATION <u>Woods Twps., Douglas, Missouri</u>		STATE
21. I attended the deceased from _____, to _____, and last saw her 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>C.V. Climbhord</u> <u>Cornor</u>			22b. ADDRESS <u>Box 246, Ava, Mo.</u>		22c. DATE SIGNED <u>10-5-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/6/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flat Rock</u>		23d. LOCATION (City, town, or county) (State) <u>Willow Spgs. (Rural), Mo.</u>
24. FUNERAL DIRECTOR <u>Burns, Willow Springs, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct-5-61</u>	26. REGISTRAR'S SIGNATURE <u>Vestal Bachman</u>	

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 T. R. Burns T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs,

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.