

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-016705

318 1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **12281** STATE FILE NUMBER **46208**

AMENDED

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
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 2543 Arlington		d. STREET ADDRESS (If outside, give location) 2543 Arlington	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ELLA Middle Last DAVIS			4. DATE OF DEATH December 26, 1961 Month Day Year		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/4/70	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 --		11. BIRTHPLACE (City and state or country) West Point, Ark.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Shebrie B. Roach		13b. MOTHER'S MAIDEN NAME Lucinda (Unknown)	
14. NAME OF HUSBAND OR WIFE Robert Davis		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. --	
17. INFORMANT Mattie Lawrence		Address 3125 Delmar			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic nephritis, mitral Insufficiency</i> <i>arteriosclerosis & senility.</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)		
DUE TO (c) 446X		

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Nov. 4-61 to Dec. 26-61 and last saw her alive on Dec 18-61 . Death occurred at Dec. 26-61 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Eukime D. Johnson M.D.</i>	(Degree or title)	22b. ADDRESS 3100th Lucas City 3	22c. DATE SIGNED Dec. 28/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/30/61	23c. NAME OF CEMETERY OR CREMATORY Judsonia, Arkansas	23d. LOCATION (City, town, for county) (State)
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24. FUNERAL DIRECTOR Charles J. Gates	ADDRESS 4107 Finney	25. DATE RECD. BY LOCAL REG. DEC 29 1961	26. REGISTRAR'S SIGNATURE <i>Loed Smith. M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Georgette Susan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Ave

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.