

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047473

AMENDED FILED Registration District No. 334 Primary Registration District No. 6092 Registrar's No. 229 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Malta Bend</i>		Length of stay in 1b <i>14 yrs</i>	c. CITY OR TOWN <i>Malta Bend</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>street not numbered</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>_____</i>
3. NAME OF DECEASED (Type or print) First <i>ESTELLA</i> Middle _____ Last <i>DAVIS</i>		4. DATE OF DEATH Month <i>Dec</i> Day <i>17</i> Year <i>1961</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8/18/1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (last birthday) <i>75</i>
13a. FATHER'S NAME <i>William L. Pitts</i>		13b. MOTHER'S MAIDEN NAME <i>Victoria Alexander</i>	11. BIRTHPLACE (City and state or country) <i>Hermitage, mo</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
17. INFORMANT <i>Willie Davis</i>		14. NAME OF HUSBAND OR WIFE <i>Willie E. Davis</i>	
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>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Instant.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Occlusion.</i>		"	
DUE TO (c) <i>Atherosclerotic Vas Disease</i>		<i>5-10 yrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diab. Mel.</i>		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 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.)	
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
21: I attended the deceased from <i>1960</i> to <i>Dec 17, 1961</i> and last saw him alive on <i>Dec 17, 1961</i>			
Death occurred at <i>8:30</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. Knipschul MD</i> (Degree or title)		22b. ADDRESS <i>Marshall, Mo.</i>	22c. DATE SIGNED <i>12-18-1961</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec 19, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hermitage Cemetery</i>	23d. LOCATION (City, town or county) (State) <i>Hermitage mo</i>
24. FUNERAL DIRECTOR <i>Fred Davis & Son Lincoln</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>12-18-61</i>	26. REGISTRAR'S SIGNATURE <i>Cecil S. Head</i>

JAN 3 1962

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Jupton, Mo.

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.