MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007954
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1648

AMENDED

FILED FEB 16 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
				DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1038 E. Harrison
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ray Middle: R. Last: Davis

4. DATE OF DEATH: Month: February Day: 7, Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 6/26/1888

9. AGE (last birthday): 73

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): Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Cape Girardeau Co.,Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Monroe Davis

13b. MOTHER'S MAIDEN NAME: Elizabeth Campbell

14. NAME OF HUSBAND OR WIFE: Gladys Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs.Marcelene Meyer, 3610 Tennessee
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 1) Intracabdominal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO (b) 2) Bleeding as site of graft of Aortic undertrickening — INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO (c) 3) Aneurysm of Abdominal Aorta — INTERVAL BETWEEN ONSET AND DEATH: 2

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): 451X

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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. p.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 January 26, 1962 to 2/7/62 and last saw ~~her~~ him alive on 2/7/62

Death occurred at 6:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wayne Va Hirschel MD

22b. ADDRESS: 4401 Hampton Ave

22c. DATE SIGNED: 2/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-8-62

23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery

23d. LOCATION (City, town, or county) (State): Springfield,Mo.

24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home,Springfield,Mo.

25. DATE RECD. BY LOCAL REG.: FEB 8 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.