

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021918

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 367

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0109
2 0109
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4 0
5 1
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9 581.0
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11
12 1-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b life

c. CITY OR TOWN Columbia Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1603 Windsor Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Reuben Middle Wilson Last Davis

4. DATE OF DEATH Month 6 Day 28 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/22/1887 9. AGE (last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Mo. Utilities 11. BIRTHPLACE (City and state or country) Boone County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Issac Davis 13b. MOTHER'S MAIDEN NAME Joanne Alspaugh 14. NAME OF HUSBAND OR WIFE Lucy 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. [redacted] 17. INFORMANT Address Mrs. Lucy Davis Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gastric Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Gastric Ulcer 4 days
DUE TO (c) Cirrhosis Liver 3-5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumobacteriosis of R. Lung PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 [redacted] Month, Day, Year [redacted]

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.) [redacted] 20f. CITY, TOWN, OR LOCATION [redacted] COUNTY [redacted] STATE [redacted]

21. I attended the deceased from Feb 1962 to 6-28-62 and last saw her alive on 6-28-62
Death occurred at 9:59 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carlton A. Smith M.D. 22b. ADDRESS 1015 Cherry Columbia 22c. DATE SIGNED 6-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/1/1962 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Columbia, Missouri

24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo. 25. DATE RECD. BY LOCAL REG. June 29 1962 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

USE BLACK INK OR TYPEWRITER RIBBON

JUL 12 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 Leonard Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.