

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033626

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 182

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 2 1962	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>	c. CITY OR TOWN <u>Butler</u>
Length of stay in lb <u>life</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>407 E. Smith</u>	d. STREET ADDRESS (If outside, give location) <u>407 E. Smith</u>
3. NAME OF DECEASED (Type or print) First <u>Claudette</u> Middle <u>---</u> Last <u>Davis</u>	
4. DATE OF DEATH Month <u>Sept.</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-1-1962</u>
9. AGE (last birthday) <u>0</u>	
IF UNDER 1 YEAR: Months <u>3</u> Days <u>20</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>
11. BIRTHPLACE (City and state or country) <u>Butler, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Davis Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Harper</u>
14. NAME OF HUSBAND OR WIFE <u>Single</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. <u>None</u>
17. INFORMANT Address <u>James Davis Jr. Butler, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Possible suffocation due to upper respiratory infection.</u> DUE TO (b) <u>to upper respiratory infection.</u> DUE TO (c) <u> </u> 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)	
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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>None</u>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>	
20c. TIME OF INJURY Hour <u>None</u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Butler, Mo.</u>
21. I attended the deceased from <u> </u> to <u> </u> and last saw her/him alive on <u> </u> . Death occurred at <u>about 8 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Legal or title) <u>Douglas Howard Underwood</u>	22b. ADDRESS <u>Butler, Mo</u>
22c. DATE SIGNED <u>9-23-62</u>	22d. DATE SIGNED (State)
23. BURIAL, CREATION, REMOVAL (specify) <u>Burial</u>	23b. DATE <u>9-23-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Butler, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Culver-Underwood Butler, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-23-62</u>
26. REGISTRAR'S SIGNATURE <u>Norman Wilson</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

INSTEAD 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 *Robert B. Sturtevant*

Licensed Embalmer No. 4657

P. O. Address Butler, 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.