

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007697

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 31

STATE FILE NUMBER

FILED MAR 15 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0670

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, give TOWNSHIP only) Wyatt		Length of stay in 1b		c. CITY OR TOWN Wyatt	
c. FULL NAME OF (If NOT in hospital, give location) P. O. Box 433		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) P. O. Box 433	
3. NAME OF DECEASED (Type or print) Lamont Davis			4. DATE OF DEATH Month March Day 7 Year 1963		
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Baby	8. DATE OF BIRTH 8/29/62	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Wyatt, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Aaron Davis		13b. MOTHER'S MAIDEN NAME Carlena Gordon	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Aaron Davis, P.O. Box 433, Wyatt, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes DUE TO (b) Coroner of Miss. Co. notified DUE TO (c) ----- 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 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 4:00 to A. and last saw her/him alive on Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dorothy B. Hathorn		(Degree or title) Registrar		22b. ADDRESS Charleston Mo	
22c. DATE SIGNED 3-9-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
23b. DATE 3/9/63		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Mo.	
24. FUNERAL DIRECTOR L. R. Sparks		ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 3-9-63	
26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn					

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed
3-9-63
JK

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 James A. Carter
Licensed Embalmer No. 4681

P. O. Address C. Ville, 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.