

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010102

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 18

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 19 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 <u>1070</u>					
2 <u>11412</u>					
3					
4 <u>1</u>					
5 <u>0</u>					
6					
7 <u>0</u>					
8 <u>1</u>					
9 <u>6000</u>					
10					
11					
12 <u>1-0</u>					
13 <u>4-0</u>					
ITEM NO.	SHOULD READ				

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Wright			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Houston		Length of stay in 1b 10 days		c. CITY OR TOWN Mountain Grove Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 500 Moris Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Grace Irene Davis			4. DATE OF DEATH Month Day Year Feb. 14 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/27/17	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		10b. KIND OF BUSINESS OR INDUSTRY City Employee		11. BIRTHPLACE (City and state or country) Mtn. Grove, Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Bert Davis		13b. MOTHER'S MAIDEN NAME Mae Gentry	
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) No		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Charles Davis		Address Grove Okla.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepato Renal Failure DUE TO (b) Chronic Pyelonephritis Rt. Kidney DUE TO (c) UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 4 days
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 checked="" 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 s.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 Jan. 26, 1963 to Feb. 14, 1963 and last saw her ^{her} him alive on Feb. 14, 1963 Death occurred at 3:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. L. Spears M.D.			22b. ADDRESS Labool, Mo.		22c. DATE SIGNED 2/14/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/16/63	23c. NAME OF CEMETERY OR CREMATORY Hillcrest		23d. LOCATION (City, town, or county) (State) Mountain Grove Mo.
24. FUNERAL DIRECTOR Barber Funeral Home		ADDRESS Mtn. Grove, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 15, 1963	26. REGISTRAR'S SIGNATURE Murtie Craig

(Licensed Embelmer's Statement on Reverse Side)

FEB 27 1963

MAR 13 1963

JUN 19 1963

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 Bob Davis, Student Embalmer No. 678

working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed RW Barber

Licensed Embalmer No. 3848
P. O. Address Mtn. Grove, Ma

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.