

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014636

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 6174 Registrar's No. 33

STATE FILE NUMBER

VS 300
Rev. 4/59

1/050
2/050

3
4 0

5 1
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7 0
8 0

9776X
10

11
12 90-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

FILED APR 8 1963

1. PLACE OF DEATH
a. COUNTY ~~SULLIVAN~~ Sullivan

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

c. CITY OR TOWN Harris Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5 mi. N.E. Harris Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Howard Dyer Davis

4. DATE OF DEATH Month Day Year
March 28 '63

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 5-21-04 9. AGE (last birthday) 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Pollock, Mo. 11. BIRTHPLACE (City and state or country) U.S.A.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel A. Davis 13b. MOTHER'S MAIDEN NAME Rosa Dyer 14. NAME OF HUSBAND OR WIFE Bessie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of 9776X) 16. SOCIAL SECURITY NO. 17. INFORMANT Address L Forrest Davis, Newtown, Mo.

18. CAUSE OF DEATH (Enter only one cause per time for death)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Trauma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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. 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.) Shotgun blast thru left chest

20c. TIME OF INJURY (Hour, month, day, year) 8:00 p.m. March 28 '63

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.) on farm 20f. CITY, TOWN, OR LOCATION COUNTY STATE
5 mi. N.E. Harris, Sullivan, Mo.

21. I attended the deceased from 8:09 A. to March 28 '63 her last saw him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Harris, Mo. 22c. DATE SIGNED (State) 3/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-31-63 23c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery 23d. LOCATION (City, town, or county) Sullivan County, Mo.

24. FUNERAL DIRECTOR ADDRESS Judd & Payne, Newtown, Mo. 25. DATE RECD. BY LOCAL REG. 4-3-63 26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett

USE BLACK INK OR TYPEWRITER RIBBON

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 T. Herman Guld

Licensed Embalmer No. 9240

P. O. Address New Town Me

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.

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