

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023514
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 295

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0168

2 0160

3

4 1

5 0

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7 0

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9 4200

10

11

12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		Length of stay in 1b <u>5Mo.</u>	c. CITY OR TOWN <u>Fruitland</u>
c. FULL NAME OF (IF NOT in hospital, give location) <u>Rose Hill N.H.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Fruitland</u>
3. NAME OF DECEASED (Type or print) First <u>Olga</u> Middle <u>Wallace</u> Last <u>Davis</u>			4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 10-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>	11. BIRTHPLACE (City and state or country) <u>Fruitland Mo.</u>
13a. FATHER'S NAME <u>James E. Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Pinkney Davis Dec.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Clyde McKee Fruitland Mo</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
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 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 <u>5/1/63</u> to <u>6/7/63</u> and last saw her ^{her} alive on <u>6/5/63</u> Death occurred at <u>10:15 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dolan K. Helms, M.D.</u>		22b. ADDRESS <u>29 N. Spring Cape Girardeau Mo</u>	
22c. DATE SIGNED <u>6/14/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-8-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Near Fruitland Mo.</u>	
24. FUNERAL DIRECTOR <u>Deneke-Laird Jackson Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-15-63</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Dennis Hartman</u>	

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 RO. Rain

Licensed Embalmer No. 4537

P. O. Address Jackson, 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.