

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025367

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 95

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0822

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUN 26 1963**

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pike</u>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Louisiana</u>   |   | Length of stay in 1b<br><u>3 weeks</u>  | c. CITY OR TOWN <u>Bowling Green</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>17 East Church St.</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><u>Kenneth Floyd Davis</u>  |   |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>17</u> Year <u>1963</u>  |   |   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3-14-08</u>  | 9. AGE (last birthday)<br><u>55</u>   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Watch-maker</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Jewelry</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Warsaw, Benton, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Henry Floyd Davis</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Minnie Jane Bennett</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Marjorie A. Davis</u>                       |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes World War 2</u>   |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><u>Marjorie A. Davis, Bowling Green, Mo.</u>  |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Artery Occlusion Sudden</u><br>DUE TO (b) <u>Arteriosclerotic Cordis Vasculosa Disease</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Hypertension, Nephrosclerosis</u><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |   |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 _____, to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |   |   |  |
| 22a. SIGNATURE<br><u>Wesley H. Lewellen MD</u> (Degree or title)  |   |   | 22b. ADDRESS<br><u>Louisiana Mo</u>   |   | 22c. DATE SIGNED<br><u>6/17/63</u> (Date)   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>6-20-1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Gardens</u>   |   | 23d. LOCATION (City, town, or county)<br><u>Bowling Green, Pike, Missouri</u> |   |  |
| 24. FUNERAL DIRECTOR<br><u>Harold Kirks, Bowling Green, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>6/20/63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Bernice Collier</u>   |   |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Harold Kins

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.