

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046705

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 266

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 18 1963		
1. PLACE OF DEATH a. COUNTY <u>Scott</u>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b OR <u>Sikeston</u>		
c. CITY OR TOWN <u>Charleston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Inside Limits HOSPITAL OR INSTITUTION <u>Enroute to Hospital</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) Reside on Farm <u>505 S. Center St.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Goldie Opal Davis</u>		
4. DATE OF DEATH Month Day Year <u>11/10/63</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>2/28/1907</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
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>At Home</u>
11. BIRTHPLACE (City and state or country) <u>Morehouse, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Fred Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Augusta Johnson</u>
14. NAME OF HUSBAND OR WIFE <u>Anderson Davis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>
17. INFORMANT Address <u>Anderson Davis, Charleston, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombotic infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> DUE TO (b) <u>Hypertension</u> <u>unknown</u> DUE TO (c) <u>Atherosclerosis</u> <u>unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <u>11-10-63</u> to <u>11-10-63</u> and last saw her/him alive on <u>11-10-63</u> Death occurred at <u>5:00 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Type or title) <u>[Signature]</u>		22b. ADDRESS <u>Charleston Mo</u>
22c. DATE SIGNED <u>11-11-63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/12/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>
23d. LOCATION (City, town, or county) <u>Charleston, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>The Nunnelee Funeral Chapel</u> <u>Charleston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 15 1963</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

FORM 8-50

NOV 20 1963

John T. Ameliee
Nov 20, 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John T. Ameliee

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.