

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-005632

STATE FILE NUMBER

FILED MAR 8 1960

Primary Registration District No. 3017 Registrar's No. 39

|  |  |   |   |   |  |   |   |
|--|--|---|---|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Cooper  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Cooper |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Boonville   |  | Length of stay in 1b<br>ALL of life   |   | c. CITY OR TOWN Boonville   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Haas Nursing Home   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br>1121--11th. St.   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Jeff Middle L. Last Davis   |  |   |   | 4. DATE OF DEATH<br>Month February Day 25 Year 1960   |  |   |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White              | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br>March 5 1869  | 9. AGE (last birthday)<br>90   | IF UNDER 1 YEAR<br>Months Days Hours Min.                                 | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during normal life, even if retired)<br>Merchant   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Shoe Store   |   | 11. BIRTHPLACE (City and state or country)<br>Boonville, Mo.  |  | 12. CITIZEN OF WHAT COUNTRY<br>USA  |   |
| 13a. FATHER'S NAME<br>Daniel G. Davis  |  |   | 13b. MOTHER'S MAIDEN NAME<br>Ruth Brereton                                |   | 14. NAME OF HUSBAND OR WIFE<br>Kathryn Sahm Davis.   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  |   | 16. SOCIAL SECURITY NO.<br>-----  | 17. INFORMANT Address<br>Mrs. H. J. Miller, Boonville, Mo.  |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Bronchial pneumonia                  |  |   |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>3 weeks   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) generalized debilitation and                                |  |   |   |   |  |   |   |
| DUE TO (c) cerebral arteriosclerosis and senility  |  |   |   |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>No                              |  |   |   |   | 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 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<br>Hour Month, Day, Year<br>p.m.   |  |   |   |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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<br>Death occurred at Haas Nursing Home 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   | 10/19/59 to 2/25/60 and last saw her alive on 2/25/60   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br>William A. Loh, MD   |  |   |   | 22b. ADDRESS<br>329 Main st.  |  | 22c. DATE SIGNED<br>2/27/60   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>Feb. 27/1960              | 23c. NAME OF CEMETERY OR CREMATORY<br>Walnut Grove  |   | 23d. LOCATION (City, town, or county)<br>Boonville, Missouri.   |  |   |   |
| 24. FUNERAL DIRECTOR ADDRESS<br>Goodman & Boller, Boonville, Mo.   |  |   | 25. DATE RECD. BY LOCAL REG.<br>2-28-60                                   |   | 26. REGISTRAR'S SIGNATURE<br>D. Cooper   |   |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

MAR 23 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William H. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, M

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.