URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007692

STATE FILE NUMBER

FILED VS FEB 19 1960

Registration District No. 294 Primary Registration District No. 3086 Registrar's No. 37

ENDED

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b 51 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 530 Madison — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 931 Franklin St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HARRY Middle ELVIN Last DAVIS

4. DATE OF DEATH Month February Day 6 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-9-1894
9. AGE (last birthday) 65 — 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) Carman Retired
10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.
11. BIRTHPLACE (City and state or country) Sealy Texas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob T. Davis
13b. MOTHER'S MAIDEN NAME Hettie A. Rose
14. NAME OF HUSBAND OR WIFE Ethel Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-07-2885
17. INFORMANT Mrs. Ethel Davis — Address Moberly Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic ~~heart disease~~ coronary occlusion — 1 minute
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertensive Cardiovascular disease, slowed since before 1958

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from and not attend him any time, to and last saw her him alive on was dead on my arrival at place of death.
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence Clohrs MD
22b. ADDRESS Moberly Mo
22c. DATE SIGNED Feb 8 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb-8-1960
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
23d. LOCATION (City, town, or county) (State) Moberly Missouri

24. FUNERAL DIRECTOR Cater Funeral Home — ADDRESS Moberly Mo.
25. DATE RECD. BY LOCAL REG. 2-8-60
26. REGISTRAR'S SIGNATURE Leah W. Lowe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 2

STATEMENT BY LICENSED EMBALMER

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_____ Signed R. M. Cater
Signature of Student Embalmer

Licensed Embalmer No. 4 11

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.