# JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 5 1960

60-010123

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5145 Registrar's No. 7

ENDED

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Breckenridge Twp.
Length of stay in 1b: 12 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SW Breckenridge, Mo.
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: JOHN Middle: FLOYD Last: DAVIS
4. DATE OF DEATH: Month March Day 25 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/2/1889
9. AGE (last birthday): 71
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and state or country): Hamlen Co., Tenn.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: James M. Davis
13b. MOTHER'S MAIDEN NAME: Matilda Hickey
14. NAME OF HUSBAND OR WIFE: Gertrude 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.:
17. INFORMANT: Earl O'Neal, Bowworth, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Natural causes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ 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.)
Found dead in bed at his farm home.
20c. TIME OF INJURY: Hour App. 8 a.m. p.m. Month, Day, Year 3/25/1960
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (Home, in or about home, farm, factory, street, office bldg., etc.): farm home
20f. CITY, TOWN, OR LOCATION: Breckenridge Twp. COUNTY: Caldwell STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Mrs. Ruth Ann Foggart (Degree or title): Local Registrar
22b. ADDRESS: Cowgill, Mo.
22c. DATE SIGNED: Mar. 30, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/28/1960
23c. NAME OF CEMETERY OR CREMATORY: Van Horn Cemetery
23d. LOCATION (City, town, or county) (State): Carroll Co., Mo.
24. FUNERAL DIRECTOR: Michael Funeral Home, ADDRESS: Breckenridge, Mo.
25. DATE REC'D. BY LOCAL REG.: Mar. 30, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Ruth Ann Foggart

(Licensed Embalmer's Statement on Reverse Side)

**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~~ _____
Signature of Student Embalmer

Signed Lenil C. Michael.

Licensed Embalmer No. 4340

P. O. Address Braymer, M

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