URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-018685
STATE FILE NUMBER

FILED VS MAY 17 1960

Registration District No. 61 Primary Registration District No. 5237 Registrar's No. 17

NDED

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar Township — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. 5 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN El Dorado Springs — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. 5 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Carrie Middle Anna Last Davis
4. DATE OF DEATH Month May Day 12, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-1-1889
9. AGE (last birthday) 70 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John H. Reeder
13b. MOTHER'S MAIDEN NAME Isabel Maslen
14. NAME OF HUSBAND OR WIFE Wilcie 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 Address Wilcie Davis, El Dorado Spgs, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Inanimate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive heart failure	1 week
DUE TO (c)	Bronchial Pneumonia	3 weeks

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.)
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 Jan. 29, 1959, to May 12, 1960 and last saw her alive on May 12, 1960
Death occurred at 2:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C H Sunderwirth D.O.
22b. ADDRESS ElDorado Springs, Missouri
22c. DATE SIGNED 5/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-14-60
23c. NAME OF CEMETERY OR CREMATORY Hackleman Cemetary
23d. LOCATION (City, town, or county) (State) Cedar Co., Missouri

24. FUNERAL DIRECTOR ADDRESS Gwinn-Carothers, ElDorado Springs, Mo.
25. DATE RECD. BY LOCAL REG. 5-14-60
26. REGISTRAR'S SIGNATURE Ruth M. Nafus

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 Floyd E. Carathers

Signature of Student Embalmer

Licensed Embalmer No. 4419

P. O. Address [illegible]

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.