URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-019016

FILED VS MAY 28 1960

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 558-A STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunshine Acres Rest Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Rural
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Springfield Rt. # 4
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: PAUL Middle: Last: DAVIS
4. DATE OF DEATH Month: May Day: 10, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 5/2/1882
9. AGE (last birthday): 78
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): Ret. City Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Fire Department
11. BIRTHPLACE (City and state or country): Greene County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Francis M. Davis
13b. MOTHER'S MAIDEN NAME: Ellen Tuttle
14. NAME OF HUSBAND OR WIFE: Eola Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Eola Davis, 2135 Kirkwood Drive, Springfield, Missouri.

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) Cerebral Apoplexy
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.)
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 4/25/60, to 5/10/60 and last saw him alive on 5/7/60
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lyman D. Brown M.D.
22b. ADDRESS: 311½ College
22c. DATE SIGNED: 5/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/18/1960
23c. NAME OF CEMETERY OR CREMATORY: Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme, 1200 Boonville Avenue, Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 5-17-60
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Harold Futre

Signature of Student Embalmer

Licensed Embalmer No. 50 7

P. O. Address Spfd. M

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