

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-022081

FILED VS JUN 1 1960

360

3076

Registrar's No. 108

STATE FILE NUMBER

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Length of stay in 1b 60 years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tate Nursing Home | | d. STREET ADDRESS (If outside, give location) 604 East Maple | |
| 3. NAME OF DECEASED (Type or print) First Alice Middle B. Last Davis | | 4. DATE OF DEATH Month April Day 25 Year 1960 | |
| 5. SEX Fm | 6. COLOR OR RACE Wh | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-28-1875 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Cass County, Missouri |
| 13a. FATHER'S NAME Jacob Keller | | 14. NAME OF HUSBAND OR WIFE Fred Davis, Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Mrs. Martha Cox, Harrisonville, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left ventricular failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 5 hrs 1 yr 2 mo |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 1/7/60 to 4/25/60 and last saw her ^{her} alive on 4/20/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Alice B. Davis</i> (Degree or title) | | 22b. ADDRESS Nevada, Mo | |
| 22c. DATE SIGNED 5/16/60 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 28, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | 23d. LOCATION (City, town, or county) Nevada Missouri |
| 24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri | | 25. DATE RECD. BY LOCAL REG. 5-28-1960 | 26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i> |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Jan 8 1980

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 James Douglas Griswold, Student Embalmer No. 59

working under my personal supervision.

Student Douglas Griswold
Signature of Student Embalmer

Signed L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Mo

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