

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026586

FILED VS. AUG 1 1960

132

Primary Registration District No. 3021

Registrar's No. 126

STATE FILE NUMBER

ENDED

| | | | | | | | | |
|---|--|---|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Grundy | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton | | Length of stay in 1b 3 weeks | | c. CITY OR TOWN Princeton, Mo | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hospital | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Princeton, Mo | | |
| 3. NAME OF DECEASED (Type or print) First Maggie Middle Davis Last Davis | | | | 4. DATE OF DEATH Month 7 Day 23 Year 60 | | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 6-21-1893 | | |
| | | | | 9. AGE (last birthday) 67 | | IF UNDER 1 YEAR Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | | 10b. KIND OF BUSINESS OR INDUSTRY retired | | 11. BIRTHPLACE (City and state or country) Mercer Co., Mo | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John Coon | | | 13b. MOTHER'S MAIDEN NAME unknown | | | 14. NAME OF HUSBAND OR WIFE deceased | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. 488-40-9545 | | 17. INFORMANT Neal Davis Princeton, Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Angina Pectoris | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 22 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | | |
| 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. | | Month, Day, Year | | | | | | |
| 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 July 1st 1960 to July 23rd 1960 and last saw her/him alive on July 22nd 1960 Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Oliver P. Cuffly M.D. (Decree or title) | | | | 22b. ADDRESS Trenton Mo | | 22c. DATE SIGNED July 23rd | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 7-25-60 | | 23c. NAME OF CEMETERY OR CREMATORY Princeton | | 23d. LOCATION (City, town, or county) (State) Princeton, Mo 1960 | | |
| 24. FUNERAL DIRECTOR Noel Moss Princeton, Mo | | | | 25. DATE RECD. BY LOCAL REG. 7/25/60 | | 26. REGISTRAR'S SIGNATURE Frederic J. Fair | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Neil Mass

Licensed Embalmer No.

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P. O. Address

Princeton

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.