

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 3 1960

54-60-027658

INDEXED

Registration District No. 210 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_ STATE FILE NUMBER

|                                                                                                             |  |                                                                                                                                           |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Mercer</u>                                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u> |                                                                                                                                                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Medicine Township</u>                       |  | Length of stay in 1b<br><u>2 Years</u>                                                                                                    | c. CITY OR TOWN <u>Medicine Township</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>R.F.D. #2, Newtown</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                      | d. STREET ADDRESS (If outside, give location)<br><u>R.F.D. #2 Newtown</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|                                                                                                                       |                                  |                                                                                                                                                             |                                                                      |                                                                                    |                                                                              |                                              |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Ocal</u> Middle <u>Mary</u> Last <u>Davis</u>                         |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>22</u> Year <u>1960</u> |                                                                                    |                                                                              |                                              |
| 5. SEX<br><u>Female</u>                                                                                               | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/8/1902</u>                                  | 9. AGE (last birthday)<br><u>58</u>                                                | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>14</u> Hours <u></u> Min. <u></u> | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>                                                                                                        | 11. BIRTHPLACE (City and state or country)<br><u>Unionville, Mo.</u> |                                                                                    | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>                               |                                              |
| 13a. FATHER'S NAME<br><u>Henry Clay Carter</u>                                                                        |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Bacus</u>                                                                                                              |                                                                      | 14. NAME OF HUSBAND OR WIFE<br><u>George D. Davis</u>                              |                                                                              |                                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                      |                                                                      | 17. INFORMANT<br><u>George D. Davis</u><br>Address <u>R. F. D. #2 Newtown, Mo.</u> |                                                                              |                                              |

|                                                                                                                                                          |                                       |                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Broncho-pneumonia</u> |                                       | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hr</u>                                                                                                                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                               | DUE TO (b) <u>Chronic myocarditis</u> | <u>5 yrs</u>                                                                                                                                                         |
|                                                                                                                                                          | DUE TO (c) <u>Heart failure</u>       | <u>10 yrs</u>                                                                                                                                                        |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|                                                                                                         |                                                                                                           |                                                                                              |  |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> Month <u></u> Day <u></u> Year <u></u><br>a.m. <u></u> p.m. <u></u> |                                                                                                           |                                                                                              |  |

|                                                                                                                                                                                                                                     |                                                                                                            |                                                       |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------|
| 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.)<br><u>816 158</u> | 20f. CITY, TOWN, OR LOCATION<br><u>Unionville, Mo</u> | COUNTY <u></u> STATE <u></u> |
| 21. I attended the deceased from <u>7/22/60</u> to <u>7/22/60</u> and last saw him alive on <u>7/21/60</u><br>Death occurred at <u>2:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                            |                                                       |                              |

|                                                                                                                      |                               |                                                                  |                                                                              |                                    |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>O. W. Wise D.O.</u> (Degree or title)                                                           |                               | 22b. ADDRESS<br><u>Harris, Mo</u>                                |                                                                              | 22c. DATE SIGNED<br><u>7/25/60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                           | 23b. DATE<br><u>7/24/1960</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Unionville Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Unionville, Missouri</u> |                                    |
| 24. FUNERAL DIRECTOR ADDRESS<br>By <u>John N. Comstock</u><br><u>Comstock Funeral Home</u><br><u>Unionville, Mo.</u> |                               | 25. DATE RECD. BY LOCAL REG.<br><u>7/25-60</u>                   | 26. REGISTRAR'S SIGNATURE<br><u>Howe</u>                                     |                                    |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John W. Comstock*

Licensed Embalmer No. 3891

P. O. Address Unionville, N.C.

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