

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

-60-037291
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b 2 years	c. CITY OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home #1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) North Luther Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Orville Middle Carl Last Davis			4. DATE OF DEATH Month October Day 13 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/23/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine	11. BIRTHPLACE (City and state or country) Stahl, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James Davis		13b. MOTHER'S MAIDEN NAME Caroline Gates		14. NAME OF HUSBAND OR WIFE Never married		
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. 491-14-0724	17. INFORMANT Mrs. Blanche Boswell, 303 N. 8th, Marshalltown, Iowa			
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 medullary failure					INTERVAL BETWEEN ONSET AND DEATH minutes	
DUE TO (b) arteriosclerotic heart disease					years	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic emphysema - Rheumatoid Arthritis					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Sept 1 - 1960 to Oct 13 - 1960 and last saw him alive on Oct 12 - 1960 . Death occurred at Nursing Home #1 at 10:12 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) A. P. Tamm, D.O.			22b. ADDRESS 1402 - E. Patterson, Kirkville		22c. DATE SIGNED 10/21/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/18/1960	23c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	23d. LOCATION (City, town, or county) (State) Green Castle, Mo.			
24. FUNERAL DIRECTOR Glen E. Sontson, Green City, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 24 1960	26. REGISTRAR'S SIGNATURE Doris W. Ratliff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. McFARLANE TILLEY, D.O.

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 Carl R. Kent

Licensed Embalmer No. 4689
P. O. Address Green City,

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.