

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048562

ED VS JAN 5 1961 Registration District No. 4540370 Primary Registration District No. 370 Registrar's No. 48

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY WAYNE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GREENVILLE			Length of stay in 1b		c. CITY OR TOWN GREENVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY DAVIS				4. DATE OF DEATH Month Day Year DEC 26 1960			
5. SEX MALE	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 10/9/1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days 2 17		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TIMBER WORKER			10b. KIND OF BUSINESS OR INDUSTRY TIMBER		11. BIRTHPLACE (City and state or country) SHOOK, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS DAVIS			13b. MOTHER'S MAIDEN NAME MARY MABURY		14. NAME OF HUSBAND OR WIFE MINNIE DAVIS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 		17. INFORMANT HOWARD R DAVIS Address DOPLAR BLUFF, Mo RT 3 Box 195		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Fracture</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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. <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 <u>Dec 23</u> to <u>Dec 23</u> and last saw her/him alive on <u>Dec 23</u> . Death occurred at <u>12:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James M. Gish</u> (Degree or title)				22b. ADDRESS <u>Greenville Mo</u>		22c. DATE SIGNED <u>12/30/60</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/27/60	23c. NAME OF CEMETERY OR CREMATORY SHILOH CEM		23d. LOCATION (City, town, or county) SHOOK		
24. FUNERAL DIRECTOR GISH		ADDRESS GREENVILLE, Mo.		25. DATE RECD. BY LOCAL REG. 1-4-61	26. REGISTRAR'S SIGNATURE Bretta M. Ward		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 6 1961

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 Marvin E. Bowles

Licensed Embalmer No. 4426
P. O. Address Piedmont

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.