

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-002126

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 8

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>   |   | c. CITY OR TOWN <u>Brookfield</u>  |  |
| Length of stay in lb <u>Lifelong</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pushing Memorial</u>   |   | d. STREET ADDRESS <u>421 So. Nicholas</u>  |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Fred</u> Middle <u>Davis</u> Last <u>Davis</u>  |   |  | 4. DATE OF DEATH<br>Month <u>Jan</u> Day <u>14</u> Year <u>1961</u>  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>Negro</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 8 1889</u>  |
| 9. AGE (last birthday) <u>71</u>  |   | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>6</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) <u>Plasterer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>  | 11. BIRTHPLACE (City and state or country) <u>Brookfield Mo.</u>   |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   | 13a. FATHER'S NAME <u>Joseph Davis</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Unkn.</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Amesta Davis</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   | 16. SOCIAL SECURITY NO. <u></u>  |  |
| 17. INFORMANT <u>Mrs Pauline Mitchell</u>   |   | Address <u></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>Perforated peptic ulcer</u>  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u></u><br>DUE TO (c) <u></u>  |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>   |   |  | 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? 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.) <u></u>   |  |
| 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u>   | Month, Day, Year <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.) <u></u>          | 20f. CITY, TOWN, OR LOCATION <u>Brookfield Mo</u>  | COUNTY <u></u> STATE <u></u>   |
| 21. I attended the deceased from <u>1959</u> to <u>1961</u> and last saw her alive on <u>1-14-61</u><br>Death occurred at <u>7 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE <u>B D Howell M.D.</u> (Degree or title)   |   | 22b. ADDRESS <u>Brookfield Mo</u>  | 22c. DATE SIGNED <u>1-16-61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>Jan 17 1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>  | 23d. LOCATION (City, town, or county) (State) <u>Brookfield Missouri</u>   |
| 24. FUNERAL DIRECTOR <u>R L Lora Bowden</u> ADDRESS <u></u>   |   | 25. DATE RECD. BY LOCAL REG. <u>1-17-61</u>  | 26. REGISTRAR'S SIGNATURE <u>Katharine Johnson dep</u>   |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Gerald T. Wadi

Licensed Embalmer No. 4172

P. O. Address Browning

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.