

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002612

STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 19

FILED VS FEB 14 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>   |   | Length of stay in 1b <b>38 Yrs.</b>   | c. CITY OR TOWN <b>Moberly</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                            |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Whitaker Hospital</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>120 N. Hinkley</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>ELIZABETH FLORENCE DAVIS</b>   |   |   | 4. DATE OF DEATH Month Day Year<br><b>FEB. 3 1961</b>   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>11-1-1873</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday) <b>87</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |
| 11. BIRTHPLACE (City and state or country) <b>Macon County, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>  |   |
| 13a. FATHER'S NAME <b>William Winn</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Mildred Bagby</b>  | 14. NAME OF HUSBAND OR WIFE <b>EJames Davis</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>None</b>   | 17. INFORMANT <b>Elbert Davis</b> Address <b>Moberly</b>  |
| 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) <b>Inanition and debilitation</b><br>DUE TO (b) <b>Vitamin deficiency</b><br>DUE TO (c) <b>Carcinoma of ascending colon</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>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 |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 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 Month, Day, Year<br>a.m. p.m.   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>1954</b> to <b>2-3-1961</b> and last saw her him alive on <b>2-5-1961</b><br>Death occurred at <b>2:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title) <b>E.T. Whitaker</b>  |   | 22b. ADDRESS <b>205 S. 5th., Str. Moberly, Mo.</b>  | 22c. DATE SIGNED <b>2-4-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>Feb. 5, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>   | 23d. LOCATION (City, town, or county) (State) <b>Moberly Missouri</b>   |
| 24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b> ADDRESS <b>Moberly</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>Feb 4-1961</b> REGISTRAR'S SIGNATURE <b>[Signature]</b>   |   |

MAR 14 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Motely, Pa

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.