

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004955

STATE FILE NUMBER

AMENDED

Registration District No. 101

Primary Registration District No.

Registrar's No. 9

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava Benton Township		Length of stay in 1b 15 yrs		c. CITY OR TOWN Ava		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS Route 1		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Henry N. Davis				4. DATE OF DEATH Month Day Year Feb. 9. 1961			
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 10-2-79	
9. AGE (last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher and Farmer		11. BIRTHPLACE (City and state or country) Noble, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dr. James R. Davis		13b. MOTHER'S MAIDEN NAME Julia Stanley		14. NAME OF HUSBAND OR WIFE Ninnie Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Ninnie Davis, Ava, Missouri			
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocardial degeneration				INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b)			
				DUE TO (c)			
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. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 11-27-59 to 1-14-61 and last saw her alive on 1-12-61 Death occurred at 2.30 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. C. E. Harlan D.O.				22b. ADDRESS Ava Mo.		22c. DATE SIGNED 2-10-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-14-61		23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) Wassa Mo	
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.				25. DATE RECD. BY LOCAL REG. 2-16-61		26. REGISTRAR'S SIGNATURE Vestab Bushman	

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

Lyle H. Clinkenshard

Licensed Embalmer No. 4830

P. O. Address Qua, Mo.

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.