

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005192

STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 5541 Registrar's No. 8

AMENDED FILED VS FEB 20 1961

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| 1. PLACE OF DEATH a. COUNTY <u>HOLT</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNION TWP</u> | | Length of stay in 1b <u>MINUTES</u> | c. CITY OR TOWN <u>FORTESCUE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 MILE N. OF CRAIG IN AMBULANCE ON HI 275</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1 MI NORTH</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE HENRY DAVIS</u> | | | 4. DATE OF DEATH Month Day Year <u>FEB. 14, 1961</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</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>12/13/1886</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (City and state or country) <u>HOLT COUNTY, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JAMES P. DAVIS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARTHA J. MINTON</u> | 14. NAME OF HUSBAND OR WIFE <u>GOLDIE M. DAVIS</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service.) <u>NO</u> | | | 17. INFORMANT Address <u>FRED DAVIS, FORTESCUE Mo.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Accident</u> | | <u>1 hour</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cerebral Arteriosclerosis</u> | <u>many years</u> |
| | DUE TO (c) <u>Generalized Arteriosclerosis</u> | <u>many years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | 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 |

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| 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 p.m. | 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 <u>June 1960 to Feb. 14, 1961</u> | | COUNTY STATE |
| 21. I attended the deceased from <u>9:30</u> to <u>Feb. 14, 1961</u> and last saw him alive on <u>Feb. 14, 1961</u> Death occurred at <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>James Humphrey M. D.</u> | 22b. ADDRESS <u>Mount City, Mo.</u> | 22c. DATE SIGNED <u>2/19/61</u> |

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|--|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>2-17-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE CEM.</u> | 23d. LOCATION (City, town, or county) (State) <u>Mount City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>JAMES H. CRAWFORD, Mount City, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>2/15/1961</u> | 26. REGISTRAR'S SIGNATURE <u>James H. Crawford</u> |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.