URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-027446

STATE FILE NUMBER

FILED VS AUG 3 1960

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 14

NDED

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Washington Township Rural Knob Noster
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: CLYDE Middle: C. Last: DAVIS
4. DATE OF DEATH: Month: July Day: 23 Year: 1960
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10-23-1883
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prison Guard (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Missouir State Prison Jefferson City, Mo.
11. BIRTHPLACE (City and state or country): Knob Noster, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Davis
13b. MOTHER'S MAIDEN NAME: Rachael Cooper
14. NAME OF HUSBAND OR WIFE: Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-I2-0297
17. INFORMANT: Address: Mrs. Georgia Bass, Knob Noster, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chr. Valvular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
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: Knob Noster COUNTY: Johnson STATE: Mo
21. I attended the deceased from June 1-60, to 7-23-60 and last saw him alive on 7-23-60
Death occurred at 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: H. W. Graves (Degree or title): MD
22b. ADDRESS: Knob Noster, Missouri
22c. DATE SIGNED: 7-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-27-60
23c. NAME OF CEMETERY OR CREMATORY: Knob Noster Cemetery
23d. LOCATION (City, town, or county) (State): Knob Noster, Missouri
24. FUNERAL DIRECTOR ADDRESS: The Brauningers, Warrensburg, Missouri
25. DATE RECD. BY LOCAL REG.: July 26, 1960
26. REGISTRAR'S SIGNATURE: W. Raymond Baker, Mgr.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 R A Brauninger

Licensed Embalmer No. 337

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.