IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

EILED VS NOV 21 1960

-60-041727
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 190

NDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY GRUNDY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON — Length of stay in 1b: 8 MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1022 HARRIS — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY GRUNDY
c. CITY OR TOWN SPICKARD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: LILLIE Middle: BELL Last: DAVIS

4. DATE OF DEATH Month: NOV Day: 12 Year: 1960

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-29-1870
9. AGE (last birthday): 90 — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: HIRAM MOSS
13b. MOTHER'S MAIDEN NAME: MILISSA BARKER
14. NAME OF HUSBAND OR WIFE: ROBERT DAVIS

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.:
17. INFORMANT: NOEL DAVIS Address: TRENTON MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-Renal Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 Jan 1-1960 to Nov 12-1960 and last saw her alive on Nov. 11-1960
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O H Faulkers M.D
22b. ADDRESS Trenton, Mo.
22c. DATE SIGNED Nov. 13-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV-15-1960
23c. NAME OF CEMETERY OR CREMATORY: MARTIN CEMETERY
23d. LOCATION (City, town, or county) (State): GRUNDY CO. MO.

24. FUNERAL DIRECTOR ADDRESS: SCHOOLER FUNERAL HOME SPICKARD MO.
25. DATE RECD. BY LOCAL REG.: 11-15-60
26. REGISTRAR'S SIGNATURE: Irene Farr

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ross Wise

Signature of Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard Mo

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.