

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13960
 4156

FILED MAY 12 1951

318

1003

State File No. Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis - City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis City</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Employees Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2026 N. Franklin</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Elbert</u>		c. (Last) <u>Davison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>		8. DATE OF BIRTH <u>Sept 3 1887</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>G. W. Davison</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lena Luth Davison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Rufus V. Davison</u> ADDRESS <u>2129 N. Grant, Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 hr</u> <u>10-15 yr</u> <u>18-20 yr</u>	
19a. DATE OF OPERATION <u>4-25-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lumbar sympathectomy, rt for gangrene rt. great toe</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260X</u>			
22. I hereby certify that I attended the deceased from <u>4:17</u> ¹⁹⁵¹ to <u>4:30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4:30</u> , 19 <u>51</u> , and that death occurred at <u>7:20 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph J. Hoppe, M.D.</u> (Degree or title)				23b. ADDRESS <u>Frisco Employees Hospital</u>		23c. DATE SIGNED <u>5/1/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) _____ (State) _____ <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 2 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4156

MAY 22 1951

MAY 14 1951

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
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.