No. 300
10.48

FILED JUN 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20604

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gardner
d. STREET ADDRESS (If rural, give location): Gardner, Kansas

8150
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3. NAME OF DECEASED (Type or Print)
a. (First): Dean
b. (Middle):
c. (Last): Davidson

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 18, 1900
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Analysist
10b. KIND OF BUSINESS OR INDUSTRY: Analysist
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Davidson
13b. MOTHER'S MAIDEN NAME: Amanda Dornil
14. NAME OF HUSBAND OR WIFE: Lora Davidson

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.: 516-0765
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Lora Davidson Gardner, Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral contusion due to trauma — INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____ 68166
DUE TO (c) _____ 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 051
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mo. Highway, 13&2
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural, Johnson County, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June, 12, 1951 P 12:30 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* 6-12-51, *19*___, *to* 6-13-51, *19*___, *that I last saw the deceased alive on* 6-13-51, *19*___, *and that death occurred at* 3:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clinton W. Wilcox MD.
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 6-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6-16-51
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn,
24d. LOCATION (City, town, or county) (State): Independence, Missouri

DATE REC'D BY LOCAL REG.: June 14, 1951
REGISTRAR'S SIGNATURE: Savannah Dietz Co. 147
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R. A. Brauninger, Warrensburg, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 18 1951
JOHNSON COUNTY HEALTH DEPT.

JUN 21 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 Elmo D. Tuggett

Licensed Embalmer No. 4817

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.