

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7252

State File No. ....

FILED APR 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 54

043

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO, RURAL-SALT LICK TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Molino</u>	
c. LENGTH OF STAY (In this place) <u>22 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>AT MEXICO REFRACTORIES CO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenn</u>		b. (Middle) <u>Spencer</u>	
c. (Last) <u>Davidson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1928</u>
9. AGE (In years) (If under 1 year: Months) (If under 6 mos.: Days) (Hours) (Min.) <u>23 23</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Spencer Davidson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Kathleen Davidson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-24-426b</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Kathleen Davidson</u>		ADDRESS <u>Molino, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquesting Verdict: Accidental Drowning</u>			
ANTECEDENT CAUSES (b) <u>By dirt truck turning over</u>			
(c) <u>in pool of water at Mexico Refractories Company while driving soil truck</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) <u>Refraactories Company while driving soil truck</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>8350-32</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Mexico Refractories</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 24, 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Drowned in Turned over Truck</u>		22. I hereby certify that I attended the deceased from <u>Crown</u> , to <u>April 27, 1952</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>S. C. Adams M.D. Crown</u>		23b. ADDRESS <u>Mexico Mo.</u>	
23c. DATE SIGNED <u>3-29-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Audrain County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold, Jr.</u>	
25. ADDRESS <u>MEXICO, MO</u>		DATE REC'D BY LOCAL REG. <u>Mar 30 1952</u>	
REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. ADDRESS <u>MEXICO, MO</u>	

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 *Charles V. Gearing* .....

Licensed Embalmer No. *41625* .....

P. O. Address *Mexico 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.