

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42233

State File No.

FILED JAN 5 1953

5436

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>-</u>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>2023 CLAY</u>	

3. NAME OF DECEASED (Type or Print) <u>HETTIE MAE DAVIDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1952</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAY 8, 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.
----------------------	-------------------------------	---	-------------------------------------	---	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BARRY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>ALBERT ENDICOTT</u>	13b. MOTHER'S MAIDEN NAME <u>NANNIE B. CARUTHERS</u>	14. NAME OF HUSBAND OR WIFE <u>JOE DAVIDSON</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOWARD NEAL</u>	ADDRESS <u>NORTH K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>332-X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>acute fibrinous pleurisy</u>		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack H. Hill</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3001 Wyandotte St - K.C. Mo.</u>	23c. DATE SIGNED <u>Dec 11 1952</u>
--	--	-------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-13-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>	ADDRESS <u>N. K. C. Mo.</u>
--	---	---	-----------------------------

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

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

working under my personal supervision.

Student Embalmer No.....

Signed Glenn H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Cowdale, Pa.

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.