

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33453

State File No.

FILED OCT 27 1954

No. 300
10. 48

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BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5377</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> <u>Rural - GRAFT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY OR TOWN <u>2 Mi S. of Fairport</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington, 7, Mi, South</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Ambulance</u>				d. STREET ADDRESS (If rural, give location) <u>7 Mi South of town</u> 0380			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Audley</u>			b. (Middle) _____			c. (Last) <u>Davidson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 1 54</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>Dec. 13, 1913</u>		9. AGE (In years last birthday) <u>43</u>		10. MONTHS _____		11. DAYS _____	
12. IF UNDER 24 HRS. Hours _____		13. IF UNDER 24 HRS. Hours _____		14. IF UNDER 24 HRS. Hours _____		15. IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			
11. BIRTHPLACE (State or foreign country) <u>Mo,</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>A.N. Davidson</u>			13b. MOTHER'S MAIDEN NAME <u>Stella Anderson</u>			14. NAME OF HUSBAND OR WIFE <u>Ogorita Davidson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>566* 36-1615</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ogorita Davidson Darlington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u>				15 years	
		DUE TO (c) _____					
		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 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) _____		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 <u>Nov 1</u> , 19 <u>53</u> , to <u>Oct 1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 1</u> , 19 <u>54</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>James H. Swiger M.D.</u>				23b. ADDRESS <u>Maysville Mo</u>		23c. DATE SIGNED <u>10-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>McFall Mo</u>	
DATE RECD BY LOCAL REG. <u>10-18-54</u>		REGISTRAR'S SIGNATURE <u>James Davidson</u> 82-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. ...</u>		ADDRESS <u>Maysville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2 1958

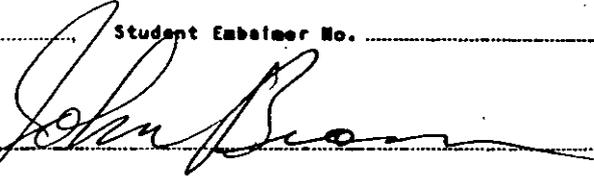
STATEMENT BY LICENSED EMBALMER

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 _____



Signed
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Maysville 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.