

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

730

State File No.

| | | | | | | | | | |
|--|--|---|---|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>107</u> | | PRIMARY REG. DIST. NO. <u>5422</u> | | Registrar's No. <u>10</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> | | c. LENGTH OF STAY (in this place township) <u>6 yrs</u> | | c. CITY OR TOWN <u>Kennett</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #2</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Route #2</u> <u>0350</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u> | | | b. (Middle) <u>Riley</u> | | c. (Last) <u>Davidson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 1955</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>Aug 5, 1886</u> | | 9. AGE (In years last birthday) <u>68</u> 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) <u>Farm labor</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ark</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Tom Davidson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bean</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Gussie Davidson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>499-01-4365</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearlie Dean Putman Corning, Ark.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>11-1, 1954</u> to <u>1-16, 1955</u> , that I last saw the deceased alive on <u>1-16, 1955</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H.C. Wilson M.D.</u> | | | | 23b. ADDRESS <u>Kennett, Mo.</u> | | | 23c. DATE SIGNED <u>1-21-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>1/19/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Corning</u> | | 24d. LOCATION (City, town, or county) (State) <u>Corning, Arkansas</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Jan 22-55</u> | | REGISTRAR'S SIGNATURE <u>Earl Husband</u> | | | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard O. Corning Corning, Ark</u> | | | | |

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

RECEIVED DUNKLIN COUNTY HE
DEPARTMENT 1-25-55
COUNTY FILE NUMBER 55

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 me..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard O. Egan.....

Licensed Embalmer No. 77.....

P. O. Address Conning.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.