

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

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Carthage Mo</u>	c. LENGTH OF STAY (In this place) <u>6 wk</u>	c. CITY OR TOWN <u>Sarcelle</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLure Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>J. E.</u> b. (Middle) <u>Davidson</u> c. (Last) <u>Davidson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-55</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-28-1878</u>	9. AGE (In years last birthday) <u>77</u>	10. F UNDER 1 YEAR Months _____	11. F UNDER 24 HRS. Days _____	12. F UNDER 24 HRS. Hours _____	13. F UNDER 24 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired Farmer & Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Rocky Comfort Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Levi Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Nathaniel Davidson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Vela M. C. Kuzie</u>		ADDRESS <u>Sarcelle Mo</u>	
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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>CARCINOMA PROSTATE WITH EXTENSIVE BONY METASTASES</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____			_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <u>177X</u>			_____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerosis, general</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) _____	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 August 21, 1952, to 6-30, 1955, that I last saw the deceased alive on 6-30, 1955, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl H. Binne M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>7-5-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcelle Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcelle Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-11-55</u>	REGISTRAR'S SIGNATURE <u>Wm Clinton</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>	ADDRESS <u>Sarcelle Mo</u>
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Date Filed JUL 20 1955

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.....
Signature of Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 39

P. O. Address Sanford

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.