

FILED MAR 20 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **9770**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Macon		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 Still-Hildreth San.				e. STREET ADDRESS (If rural, give location) Lake View Rest Home			
3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) L c. (Last) Davidson			4. DATE OF DEATH (Month) (Day) (Year) Feb 25 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH unk	
9. AGE (In years last birthday) unk		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk		10b. KIND OF BUSINESS OR INDUSTRY unk		11. BIRTHPLACE (City and State or Foreign Country) unk.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unk.			13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE unk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)	
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 Feb 10, 1956 to Feb 17, 1956 that I last saw the deceased alive on Feb 17, 1956 and that death occurred at 7:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Nancy S. Still (Degree or title) D.O.				23b. ADDRESS Macon, Mo.		23c. DATE SIGNED	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE Feb 26, 56		24c. NAME OF CEMETERY OR CREMATORY Goldsbury Cem.		24d. LOCATION (City, town, or county) (State) Goldsbury Cem. (State)	
DATE REC'D BY LOCAL REG. 3/3/56		REGISTRAR'S SIGNATURE Ruth M Neely		25. FUNERAL DIRECTOR'S SIGNATURE W.S. Christian ADDRESS La Plata			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3.13.56
MAGON COUNTY HEALTH DEPARTMENT
County File No. 3.56.46
Date Filed 3.14.56

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 *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *Ed. State*

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.