

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15825

State File No.

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5280 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Lincoln</u>	c. LENGTH OF STAY (If this place) <u>1 1/2</u>	c. CITY OR TOWN <u>Luray 230</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>Ashton</u>		e. STREET ADDRESS (If rural, give location) <u>Ashton LINCOLN Tp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hilbert</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Davidson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1956</u>						
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 9-1914</u>	9. AGE (In years last birthday) <u>41</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ashton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Adolph Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Effie Chewing</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Adolph Davidson Luray Mo.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adolph Davidson Luray Mo.</u>	ADDRESS <u>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		INTERVAL BETWEEN ONSET AND DEATH <u>Same day</u> <u>yes</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	DUE TO (b) <u>Coronary disease</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 <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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Perry S. Barton, coroner</u>	23b. ADDRESS <u>Kahoka, Mo.</u>	23c. DATE SIGNED <u>5/24/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 25-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashton Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ashton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/28/56</u>	REGISTRAR'S SIGNATURE <u>W. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur ...</u>	ADDRESS <u>Kahoka</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chas. L. Luttinger*.....

Licensed Embalmer No. *296*

P. O. Address *Union*.....

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.