Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024297
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 337 Primary Registration District No. 6145 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Shelbyville R R Salt River — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): xxxxxxxxxxxxxxx — Length of stay in Ib: about 9 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 10880
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Clark R R 02380 — Inside Limits Yes ☐ No ☐ 0
d. STREET ADDRESS (If outside, give location): rural — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Ida — Middle: — Last: Davison

4. DATE OF DEATH: Month: 6 — Day: 26 — Year: 58

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/17/1886

9. AGE (In years last birthday): 72 — 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): at home

10b. KIND OF BUSINESS OR INDUSTRY: home makinn

11. BIRTHPLACE (City and state or country): Ill (state of Ill)

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Pete Bessoux

13b. MOTHER'S MAIDEN NAME: Joesphine Morwitz

14. NAME OF HUSBAND OR WIFE: Willard Davison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Evalina Jones — Address: Shelbyville, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of left Kidney

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Metastasis of right Femur — INTERVAL BETWEEN ONSET AND DEATH: 1957

DUE TO (c) Metastasis of the lungs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 180X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1, 58, to June 26-58 and last saw her/him alive on June 26-58. Death occurred at 11.45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard U Dutton D.O.

22b. ADDRESS: Bethel Mo.

22c. DATE SIGNED: 6/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 6/29/58

23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Garden

23d. PLACE (City, town, or county): Moberly — (State): Mo

24. FUNERAL DIRECTOR: Fred A Thompson — ADDRESS: Madison, Mo

25. DATE RECD. BY LOCAL REG.: June 28-58

26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

JUL 17 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Fred A. Memp[illegible]

Licensed Embalmer No. 142[illegible]

P. O. Address Madison

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.