

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-004418

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 18

300
 -57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Cassville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fairview
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		Length of stay in 1b 1 hr.	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First VERNIE Middle REYNDOL Last DAVIDSON			4. DATE OF DEATH Month Feb. Day 24 Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30, 1903	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) store owner	10b. KIND OF BUSINESS OR INDUSTRY Appliances Missouri	11. BIRTHPLACE (City and state or country) 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Noah Davidson	13b. MOTHER'S MAIDEN NAME Nancy Early	14. NAME OF HUSBAND OR WIFE Pearl Davidson
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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) no	16. SOCIAL SECURITY NO. 500-05-4159	17. INFORMANT Mrs. Pearl Davidson-Fairview, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 15 min 4 hours indef
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebrovascular accident	
	DUE TO (c) Arterial sclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from March 20, 1957 to Feb 24, 1959 and last saw him alive on Feb 24, 1959 Death occurred at 10:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Sumit Patel</i> D.O. 2	22b. ADDRESS Furdy, Mo.	22c. DATE SIGNED 2/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-27-1959	23c. NAME OF CEMETERY OR CREMATORY Dice Cemetery	23d. LOCATION (City, town, or county) (State) Fairview, Missouri
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24. FUNERAL DIRECTOR Culver's	ADDRESS Cassville, Mo.	25. DATE RECD. BY LOCAL REG. 3-2-1959	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Margaret C. Herbert*

Licensed Embalmer No. *4319*

P. O. Address *Cassville*

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.