Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004836
STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Christian County	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian Co
b. CITY OR TOWN Nixa, Mo — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Ozark, Mo 0220 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Nursing Home — Length of stay in 1b 4 Yrs	d. STREET ADDRESS (If outside, give location) Ozark, Mo — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First / Middle / Last: Amanda M Davidson

4. DATE OF DEATH Month / Day / Year: Feb, I2, I959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: July II, I868

9. AGE (In years last birthday): 90 — 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): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Leonard Walker

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE:

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: Ward Davidson, Ozark Mo (Address)

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) General senility — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) + Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 1-27-59, to 2-12-59 and last saw her alive on 1-29-59
Death occurred at 10:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jonathan F. Wilson MD 2

22b. ADDRESS: Nixa Mo

22c. DATE SIGNED: 2-17-59

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

23b. DATE: Feb, I5, 59

23c. NAME OF CEMETERY OR CREMATORY: Linden Cemetery

23d. LOCATION (City, town, or county) (State): Christian, Co Mo

24. FUNERAL DIRECTOR: T. B. Chaffin — ADDRESS: Ozark Mo

25. DATE RECD. BY LOCAL REG.: Feb. 20, 1959

26. REGISTRAR'S SIGNATURE: Olive Hutter

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS APR 21 1960

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Ala

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.