I DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 27 1959

59–024868

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Harrison Twp.
Length of stay in 1b: 30 minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt. # 6, Trenton
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. # 6
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ORA Middle: Last: DAVIDSON
4. DATE OF DEATH: Month July Day 23 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 17, 1893---66
9. AGE (last birthday): IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Repair
11. BIRTHPLACE (City and state or country): Harrison Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Israel Davidson
13b. MOTHER'S MAIDEN NAME: Margaret Shepard
14. NAME OF HUSBAND OR WIFE: -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 514-10-6745
17. INFORMANT: Frank Davidson, Brimson, 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): Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
Death investigated by me and was probably due to Cerebral Hemorrhage Howard H Slater Coroner
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Irene Fair, Local Registrar
22b. ADDRESS: Trenton Mo
22c. DATE SIGNED: 7/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: Cat Creek Cemetery
23d. LOCATION (City, town, or county) (State): Harrison County, Missouri

24. FUNERAL DIRECTOR: Howard H Slater ADDRESS: Trenton, Missouri
25. DATE RECD. BY LOCAL REG.: 7/24/59
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald H Slater

Signature of Student Embalmer

Licensed Embalmer No. 4467

P. O. Address Trenton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.