

RI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

=60-002954

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 8

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Ray		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		a. STATE Missouri b. COUNTY Ray		c. CITY OR TOWN Richmond	
Length of stay in 1b 6 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 501 N. Thornton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clemen's Rest Home				3. NAME OF DECEASED (Type or print)			
First JOHN		Middle MANSUR		Last DAVIDSON, SR.		4. DATE OF DEATH Month Day Year Jan. 9, 1960	
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 3/12/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter		10b. KIND OF BUSINESS OR INDUSTRY House-building		11. BIRTHPLACE (City and state or country) Henrietta, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David Charles Davidson			13b. MOTHER'S MAIDEN NAME Anna Elizabeth Keel			14. NAME OF HUSBAND OR WIFE Rosa M. Rinkenbaugh	
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. 494-12-4346		17. INFORMANT Address Mrs. Rosa Davidson, Richmond, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding gastric ulcer						INTERVAL BETWEEN ONSET AND DEATH 24 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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		
21. I attended the deceased from July 1954 to death and last saw him ^{her} live on 11-26-59 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) J. A. Crozier, M.D.				22b. ADDRESS Richmond, Mo.			22c. DATE SIGNED 1-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		23d. LOCATION (City, town, or county) Richmond, Mo.			
24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.				25. DATE RECD. BY LOCAL REG. 1-16-1960	26. REGISTRAR'S SIGNATURE Maluel Jackson		

DOCUMENT

MEDICAL CERTIFICATION

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 by

~~xxxx~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lewon Thurman _____

Licensed Embalmer No. 4563 _____

P. O. Address Richmond, Mo. _____

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