

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026587

FILED VS AUG 15 1960 / 32

3021

140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Harrison					
b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton		Length of stay in 1b 3 Days		c. CITY OR TOWN Gilman City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) Wright			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Robert Middle Z. Last Davisson				4. DATE OF DEATH Month 8 Day 6 Year 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 10-16-1886	9. AGE (last birthday) 73-9-20	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY general farming		11. BIRTHPLACE (City and state or country) Harrison Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Geo P. Davisson			13b. MOTHER'S MAIDEN NAME Nancy Weldon		14. NAME OF HUSBAND OR WIFE Ethel W. Davisson				
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. 500-36-0741		17. INFORMANT Name Christine White Address Gilman City				
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 Coronary Thrombosis DUE TO (b) Renalage from 3 days DUE TO (c) Stomach (Cause not known) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 8-6-60 to 8-6-60 and last saw her/him alive on 8-6-60 Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Oliver F. Duffins (Degree or title)				22b. ADDRESS Meritans			22c. DATE SIGNED Aug 6 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-8-1960	23c. NAME OF CEMETERY OR CREMATORY Masonic		23d. LOCATION (City, town, or county) (State) Gilman City Mo				
24. FUNERAL DIRECTOR M. B. Hays ADDRESS Bethany, Mo		25. DATE RECD. BY LOCAL REG. 8-6-60		26. REGISTRAR'S SIGNATURE J. J. Jones					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Y. B. H. H.*

Licensed Embalmer No. 3899

P. O. Address *Bethany Md*

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.

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