

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024965
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 101

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains Length of stay in 1b days

c. CITY OR TOWN West Plains Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Plains Mem. Hosp. Inside Limits Yes No

d. STREET ADDRESS Rover Rt. (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Granville Lester Davidson

4. DATE OF DEATH Month Day Year July 2, 1961

5. SEX male 6. COLOR OR RACE wht. 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 11-27-1912 9. AGE (last birthday) 48 yrs. 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) farmer 10b. KIND OF BUSINESS OR INDUSTRY farmer 11. BIRTHPLACE (City and state or country) Brandsville, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Walter Davidson 13b. MOTHER'S MAIDEN NAME Sadie Ball 14. NAME OF HUSBAND OR WIFE Minnie M. Davidson

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. yes 17. INFORMANT Address Mrs. G.L. Davidson, West Plains, 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) MYOCARDIAL RUPTURE
DUE TO (b) MYOCARDIAL INFARCTION
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS, GENERALIZED
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.)

20c. TIME OF INJURY Hour 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 1-30-54 to 7-2-61 and last saw him alive on 7-2-61
Death occurred at 7:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. C. B. Wilson, M.D. (Degree of title) 22b. ADDRESS West Plains, Mo. 22c. DATE SIGNED 7-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-5-1961 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery 23d. LOCATION (City, town, or county) (State) West Plains, Mo.

24. FUNERAL DIRECTOR ADDRESS Robertsons, West Plains, Mo. 25. DATE RECD. BY LOCAL REG. 7-17-61 26. REGISTRAR'S SIGNATURE Beatrice Cook

NOV 14 1961

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

H. S. Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo

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.