

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043380

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 4523 Registrar's No. 211

STATE FILE NUMBER

AMENDED

FILED DEC 14 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Schell City</b>		Length of stay in 1b <b>12 years</b>	c. CITY OR TOWN <b>Schell City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Schell City</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>GUS FRANKLIN DAVIDSON</b>		4. DATE OF DEATH Month Day Year <b>November 30 1961</b>	

5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-26-1882</b>	9. AGE (last birthday) <b>79</b>	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) <b>Mechanical Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rail transportation</b>		11. BIRTHPLACE (City and state or country) <b>Sedalia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Ben Davidson</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Keel</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Maude Davidson</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address <b>Marie Maude Davidson, Schell City, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>gunshot wound-self inflicted</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>charge entered head above left</b> DUE TO (c) <b>ear tearing away skull and brain</b>		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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>placed muzzle of shot gun above left ear and pulled trigger with yardstick.</b>
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 <b>Schell City</b>		COUNTY STATE

21. I attended the deceased from <b>never</b> to <b>never</b> and last saw him alive on <b>November 30, 1961</b> Death occurred at <b>1:50p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>L. Anglen Ferry Coroner</b>	22b. ADDRESS <b>Nevada, Missouri</b>	22c. DATE SIGNED <b>12-5-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-2-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>		23e. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>
24. FUNERAL DIRECTOR ADDRESS <b>Muehlebach Funeral Home, Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 12-1961</b>

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MS DEC 14 1961

JUL 19 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Anglen Ferry

Licensed Embalmer No. 4980

P. O. Address Nevada, Miss

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.