

CERTIFICATE OF DEATH

72 000130

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 9

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME 1. Alpha Naomi DAVIDSON			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 26, 1972
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—(LAST BIRTHDAY (YEARS)) 5a. 71	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.
CITY, TOWN, OR LOCATION OF DEATH 7a. Monett		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. St. Vincent Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married
SOCIAL SECURITY NUMBER 13. 489-24-8204		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife		KIND OF BUSINESS OR INDUSTRY 13b.
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Barry	CITY, TOWN, OR LOCATION 14c. Exeter	STREET AND NUMBER (SPECIFY YES OR NO) 14d. No 14e. Route # 1

USUAL RESIDENCE WHERE DECEASED LIVED; IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME 15. Elmer Tucker		MOTHER—MAIDEN NAME 16. Lena Davidson	
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CAUSE

INFORMANT—NAME 17a. L.E. Davidson		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Route #1-Exeter, Mo. 65647	
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PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) - Cerebrovascular accident prob. Hemorrhage DUE TO, OR AS A CONSEQUENCE OF:		hrs.
(b) - Hypertension, Essential DUE TO, OR AS A CONSEQUENCE OF:		yr -
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)			AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
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ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LMK.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 1 25 72	TO 21b. 1 26 72	AND LAST SAW HIM/HER ALIVE ON 21c. 1 25 72	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. E	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 6:10 A
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CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b.	THE DECEDENT WAS PRONOUNCED DEAD 22c.	DATE SIGNED (MONTH, DAY, YEAR) 22d.
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CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT) 23a. SERGIO CRUZ JR -	SIGNATURE 23b. <i>Sergio Cruz Jr</i>	DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 1-31-72
MAILING ADDRESS—CERTIFIER 23e. 801 LINCOLN		CITY OR TOWN 23f. MONETT	STATE 23g. MO.

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Rocky Comfort	LOCATION 24c. Rocky Comfort, Missouri
DATE (MONTH, DAY, YEAR) 24d. Jan 28 1972	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. McQueen Funeral Home-Box 287-Wheaton, Mo. 64874	
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Joy Plumblee</i>	REGISTRAR—SIGNATURE 25b. <i>Mrs. P.H. Cook</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. 2-5-72

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 1
10a. 71
10b. 09
11. 0
12. 1
13. 4310
14. 4
15. 0050
16. 0
17. 0
18. 0
19. CREDITS
20. 2-0

2000 21

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 Jay Plumblee

Licensed Embalmer No. 5490

P. O. Address P.O. Box 287
Wheaton, 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.