

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033859

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 23

S. 300
1.-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fishing River twp.		c. CITY OR TOWN Orrick	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. so. Elkhorn-2 1/2 yrs.		d. STREET ADDRESS (If outside, give location) 3 mi. so. Elkhorn	
Length of stay in lb		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle MORGAN Last DAVIDSON			4. DATE OF DEATH Month Sept. Day 27 Year 1958
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 June 6, 1886
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 24 HRS. 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	11. BIRTHPLACE (City and state or country) Lafayette county Mo.
13a. FATHER'S NAME Steve Davidson		13b. MOTHER'S MAIDEN NAME Martha Ashford	12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE Laura Jane Chaney		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. None		17. INFORMANT Address Mrs. William Davidson, Orrick, 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) Obstructive Biliary Cirrhosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis			
DUE TO (c) 5810			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year a.m. p.m. 			
20d. INJURY OCCURRED WHILE AT <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 Feb. 27, 1958 to Sept. 27, 1958 and last saw ^{him} alive on Sept. 24, 1958 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thom B. Cook, M.D.		22b. ADDRESS Richmond Mo.	
22c. DATE SIGNED 9/28/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 1-1958	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens
23d. LOCATION (City, town, or county) (State) Richmond Missouri			
24. FUNERAL DIRECTOR Thomas J. Carter, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 10/3-58	26. REGISTRAR'S SIGNATURE Allen J. Lark

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1400

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 *Thomas J. Carter*

Licensed Embalmer No. *1174*

P. O. Address *Richmond, 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.