

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20604

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 133

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Town Lee's Summit, Mo. Prairie 3 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Lee's Summit, Mo. 6481</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 105 Lakeview</u>		d. STREET ADDRESS (If rural, give location) <u>105 Lakeview Street 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u> b. (Middle) <u>May</u> c. (Last) <u>Davidson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		8. DATE OF BIRTH <u>Oct. 15, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		11. BIRTHPLACE (State or foreign country) <u>McCconnell, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Shippy</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Davidson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lyle Davidson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Renal Syndrome 2 yrs.</u>			
		DUE TO (c) <u>Hyperthyroid</u>			<u>12 yrs.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2520</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 10, 1950, to June 29, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>L.R. Jenkins</u>		23b. ADDRESS <u>Lee's Summit, Mo.</u>		23c. DATE SIGNED <u>6-29-50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>7/1/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	
		24d. LOCATION (City, town, or county) (State) <u>Greenwood Mo.</u>			

DATE REC'D BY LOCAL REG. <u>6/30/50</u>		REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Engel</u>	
		ADDRESS <u>Lee's Summit Mo.</u>			

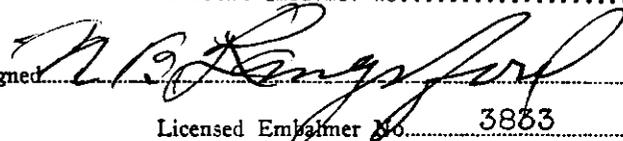
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 3883

P. O. Address Lee's Summit 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 this body is not embalmed, fact should be so stated above.