.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20733

State File No.

FILED JUL 6 - 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 728

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 816 Morgan St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
d. STREET ADDRESS (If rural, give location): 816 Morgan St. 0117 0

3. NAME OF DECEASED (Type or Print)
a. (First): Phillip
b. (Middle): REED
c. (Last): DAVISON

4. DATE OF DEATH (Month) (Day) (Year): June 28 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 22, 1907
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 11, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Packing Co
11. BIRTHPLACE (State or foreign country): Fillmore Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRANK DAVISON
13b. MOTHER'S MAIDEN NAME: Ida May Elifrits
14. NAME OF HUSBAND OR WIFE: Ethel M. DAVISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-09-2003
17. INFORMANT'S SIGNATURE OR NAME: Roscoe Davison — ADDRESS: Fillmore Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1953 *to* June 28, 1953, *that I last saw the deceased alive on* June 28, 1953, *and that death occurred at* 12 30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon C. Berman M.D.
23b. ADDRESS: 510 Corby Bldg
23c. DATE SIGNED: 6/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Fillmore
24d. LOCATION (City, town, or county) (State): Fillmore Mo

DATE REC'D BY LOCAL REG.: July 2, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 489
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. Adam Cole, Fillmore, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed C. Dean Cole

Licensed Embalmer No. 4670

P. O. Address Fillmore 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.