

FILED JUL 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17608**

BIRTH NO. _____ REG. DIST. NO. **7** PRIMARY REG. DIST. NO. **4009** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give town) SAVANNAH		c. CITY OR TOWN SAVANNAH	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		f. STREET ADDRESS (If rural, give location) 2027 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) A. Della b. (Middle) BELLE c. (Last) DAVISON			4. DATE OF DEATH (Month) (Day) (Year) 6-22-1955		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 9-21-1877		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR: Months 9 Days 1 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) RODAWAY MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME FRANK HOSBOR		13b. MOTHER'S MAIDEN NAME MARIE THOMPSON		14. NAME OF HUSBAND OR WIFE CHARLES DAVISON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Reed Crawford Savannah	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Instant	

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)		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 **6-22-1955**, to **6-22-1955**, that I last saw the deceased alive on _____, 19____, and that death occurred **4:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Gilbert B. Kelley, MD		(Degree or title)		23b. ADDRESS Savannah, Mo.	
23c. DATE SIGNED 6-24-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-23-1955		24c. NAME OF CEMETERY OR CREMATORY Fillmore	
24d. LOCATION (City, town, or county) (State) Fillmore MO					

DATE REC'D BY LOCAL REG. 6-23-		REGISTRAR'S SIGNATURE William Spatz		25. FUNERAL DIRECTOR'S SIGNATURE Breit Funerals Home Savannah	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *E. C. Breit*.....

Licensed Embalmer No. *2652*

P. O. Address *SAVANNAH*

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.