

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40258
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>179</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lumpkin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>			c. LENGTH OF STAY (in this place) <u>1 day.</u>	c. CITY OR TOWN <u>Chillicothe</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 E. Rea</u>				e. STREET ADDRESS (If rural, give location) <u>Stewart St 059th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNA</u> b. (Middle) <u>MAE</u> c. (Last) <u>DAVIDSON</u>			4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>20</u> (Year) <u>1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 2, 1935</u>		9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lee Hatfield</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Shipley</u>		14. NAME OF HUSBAND OR WIFE <u>Julian 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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mo. State School Records Marshall, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sun shot wound in head</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						
19a. DATE OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>616 E. Rea</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11-20-56 11:45</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By the hands of Husband -</u>			
22. I hereby certify that I attended the deceased from <u>11-20-56</u> to <u>11-21-56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. L. Lawless M.D. Crown Saline Co.</u>			23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>11-21-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-21-56</u>	REGISTRAR'S SIGNATURE <u>Cecil H. Rea</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hans Hershberger</u>		ADDRESS <u>Marshall, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5-29

MAY 11 1958

67 JUN 1

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.....
Joseph R. Mackler

Licensed Embalmer No. 457

P. O. Address.....
Marshall

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.