

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12892

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4205 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		c. CITY OR TOWN <u>Gilman City</u>	
c. LENGTH OF STAY (in this place) <u>51</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rayden</u> b. (Middle) <u>Keith</u> c. (Last) <u>Davisson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-20-57</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>8-31-1905</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gilman City Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Walter Davisson</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Haines</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>488-14-2361</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Garland Nighthawk</u> ADDRESS <u>Gilman City</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism - coronary artery</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Died while driving his car</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest L. Wood, D.O. (Coroner)</u> (Degree or title)		23b. ADDRESS <u>Bethany, Missouri</u>		23c. DATE SIGNED <u>4-22-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-22-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Gilman City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Garland Nighthawk</u> ADDRESS <u>Bethany, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/23/57</u>		REGISTRAR'S SIGNATURE <u>John Burris</u>			

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..... *M. J. [Signature]*

Licensed Embalmer No. 3899

P. O. Address *Bethany, Md*

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.