

Dept. Health,  
Inc., & Welfare  
U. S. Public  
Health Service

FILED DEC 23 1957

STANDARD CERTIFICATE OF DEATH

43942

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Risco</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hl</u>		d. STREET ADDRESS (If outside, give location) <u>2720</u>	
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>Lee</u> Last <u>Davidson</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>4</u> Year <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1886-12-3</u>
10a. USUAL OCCUPATION (Give kind of work done during past of working life even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	9. AGE (In years last birthday) <u>71-0-2</u>
13a. FATHER'S NAME <u>John Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Davidson</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</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>	11. BIRTHPLACE (City and state or country) <u>Dunklin County MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis acute</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Davidson</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diverticulitis</u>		17. INFORMANT Address <u>Edna Davidson - Risco MO</u>	
DUE TO (c) <u></u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5721</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>November 30, 1957</u> to <u>December 4, 1957</u> and last saw him alive on <u>December 4, 1957</u> . Death occurred at <u>9:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul C. Mittenberger M.D.</u>		22b. ADDRESS <u>Kennett Missouri</u>	
		22c. DATE SIGNED <u>12-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-7-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial N of Malden</u>		23d. LOCATION (City, town, or county) (State) <u>MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Thomas C. Knight Malden MO</u>		25. DATE RECD. BY LOCAL REG. <u>12-14-1957</u>	
		26. REGISTRAR'S SIGNATURE <u>Paul C. Mittenberger</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-16-57

COUNTY FILE NUMBER 1257-3

DEC 24 1957

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. ~~7779~~ working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Thomas C. Knight .....

Licensed Embalmer No. 2189 .....

P. O. Address Malden, MA .....

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.