

THE DIVISION OF HEALTH OF MISSOURI #101-58
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1958

State File No. 72
Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

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| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico | | c. CITY OR TOWN Mexico | 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 Audrain Hospital | | e. STREET ADDRESS (If rural, give location) R.F.D.#4, | |

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|-------------------------------------|-------------------------|-------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ALICE | b. (Middle) JANE | c. (Last) DAVIDSON | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 58 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married | 8. DATE OF BIRTH Jan. 12, 58 | 9. AGE (In years last birthday) 26 | IF UNDER 1 YEAR Months 0 Days 12 | IF UNDER 24 HRS. Hours 12 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Mexico, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Allan Davidson | 13b. MOTHER'S MAIDEN NAME Imogene Isgrig | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Allan Davidson, Mexico, Mo. | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spontaneous heart-rupturing failure</i> | | |
| | ANTECEDENT CAUSES Morbidity 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input 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) 7735 |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1-12, 1958 to 1-12, 1958 that I last saw the deceased alive on 1-12, 1958, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

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|-------------------------------------|-------------------------------|---------------------------------|--------------------------------------|
| 23a. SIGNATURE <i>M. Kallenbach</i> | (Degree or title) M.D. | 23b. ADDRESS Mexico, Mo. | 23c. DATE SIGNED Jan 14, 1958 |
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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Jan. 14, 58 | 24c. NAME OF CEMETERY OR CREMATORY East Lawn | 24d. LOCATION (City, town, or county) (State) Mexico, Mo. |
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| DATE REC'D BY LOCAL REG. Jan 14, 1958 | REGISTRAR'S SIGNATURE <i>Blanche Neely</i> | FUNERAL DIRECTOR'S SIGNATURE <i>Fuchs-Houston</i> | ADDRESS Mexico, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{and}
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Earl M. Kenny*

Licensed Embalmer No. *3517*

P. O. Address *Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.