

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH #100-58State File No. **73**

FILED JAN 29 1958

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 27

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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 town) Mexico | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Mexico |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALLAN WAYNE b. (Middle) c. (Last) DAVIDSON | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 58 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Jan. 12, 58 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins. 10 |
| 11. BIRTHPLACE (City and State or Foreign Country) Mexico, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Allan Davidson | | 13b. MOTHER'S MAIDEN NAME Imogene Isgrig | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allan Davidson, Mexico, Mo. | |
| 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, athermia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction, respiratory failure</i> ANTECEDENT CAUSES Morbid 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. HOW DID INJURY OCCUR? | |
| 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 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 22. I hereby certify that I attended the deceased from <u>1-12, 1958</u> to <u>1-12, 1958</u> , that I last saw the deceased alive on <u>1-12, 1958</u> and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>M. G. Neely</i> | | 23b. ADDRESS (Degree or title) M.D. Mexico, Mo. | |
| 23c. DATE SIGNED Jan. 14, 1958 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 14, 58 | 24c. NAME OF CEMETERY OR CREMATORY East Lawn | 24d. LOCATION (City, town, or county) (State) Mexico, Mo. |
| DATE REC'D BY LOCAL REG. Jan 14, 58 | REGISTRAR'S SIGNATURE <i>Blanche Neely</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Pruitt-Houston</i> | ADDRESS Mexico, Mo. |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not}

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Earl M. Keeny

Licensed Embalmer No. 3517

P. O. Address Mexico

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.