

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037386

STATE FILE NUMBER

Registration District No. 281 Primary Registration District No. 4421 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parkville Reun Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 301 East St Length of stay in lb 2 yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Platte
c. CITY OR TOWN Parkville Inside Limits Yes No
d. STREET ADDRESS 301 East St (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mellie Middle alice Last Davison
4. DATE OF DEATH Month Oct Day 27 Year 1958
5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Aug 23-1877 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 8 Days 1 IF UNDER 24 HRS. Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) House work 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) Hamburg, Iowa 12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Thomas Hargis 13b. MOTHER'S MAIDEN NAME Polly Elefritz 14. NAME OF HUSBAND OR WIFE Clifford Davison (deceased) 1956
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT Fern Hall Address 301 main Parkville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 80 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension 6 years
DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 7:15 A Month Aug Day 27 Year 1958

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Fillmore COUNTY Fillmore STATE MO

21. I attended the deceased from Aug 27 to Oct 1958 and last saw her alive on Oct 27 - 58 Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J. ... MD 22b. ADDRESS Rock Knoll Ct KKY Mo 22c. DATE SIGNED 10/29/58

23a. BURIAL OR CREMATION REMOVAL (Specify) Oct 29-58 23b. DATE Oct 29-58 23c. NAME OF CEMETERY OR CREMATORY Fillmore 23d. LOCATION (City, town, or county) (State) Fillmore MO

24. FUNERAL DIRECTOR Elis Breit ADDRESS Savannah MO 25. DATE REGD. BY LOCAL REG. Oct 29-58 26. REGISTRAR'S SIGNATURE Alphie Rollins

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57

1-1

4

Dr Jennings



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 *Haddon E Francis*....., Student Embalmer No. 570.....

working under my personal supervision.

Student *Haddon E Francis*.....
Signature of Student Embalmer

Signed *Leland G Francis*.....
401 Main St. 3451
Licensed Embalmer No.
P. O. Address Parkeville.....

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.