

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002534
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 11

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u> c 891 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray Co. Hosp.</u>		Length of stay in lb <u>3 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>303 Shotwell</u>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Susan</u> Last <u>Davidson</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 9, 1897</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Carroll Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Earl Shoemate</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Thomas</u>
14. NAME OF HUSBAND OR WIFE <u>Albert Davidson</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>		17. INFORMANT <u>Albert Davidson</u> Address <u>Richmond, 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>Recurrent carcinoma of rectum</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>154X</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Richmond, Mo.</u>		20g. COUNTY <u>Ray</u>	
20h. STATE <u>Missouri</u>			
21. I attended the deceased from <u>Sept. 1957</u> to <u>death</u> and last saw her alive on <u>1-14-59</u> Death occurred at <u>11:35 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>G. A. Crozier, M.D.</u> (Degree or title)		22b. ADDRESS <u>Richmond, Mo.</u>	
22c. DATE SIGNED <u>1-17-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/17/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Macpelah Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Quest-Life Funeral Home</u> <u>Richmond, Missouri</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-22-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

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 *Morris D. Bailey*

Licensed Embalmer No. *4827*

P. O. Address *Richmond, 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.