Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009162
STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 133 Primary Registration District No. ..... Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: HARRISON County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fox Creek Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: HARRISON
c. CITY OR TOWN: Fox Creek Twp — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Wirt — Middle: Ewing — Last: Davidson

4. DATE OF DEATH: Month: MAR — Day: 24 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 20, 1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (City and state or country): Harrison County Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Griffith Davidson

13b. MOTHER'S MAIDEN NAME: Sara Ann Shaw.

14. NAME OF HUSBAND OR WIFE: Rachael Davidson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Fenanzo Davidson, Davenport Ia.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 442X

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 a.m. p.m. Month, Day, Year

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 — COUNTY — STATE

21. I attended the deceased from March 1st 1959, to March 24th 1959 and last saw her/him alive on March 24th 1959
Death occurred at 3:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Oliver F. Duffy MD.

22b. ADDRESS: Trenton Mo

22c. DATE SIGNED: March 26th 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/28/1959

23c. NAME OF CEMETERY OR CREMATORY: Cat Creek Cemetery

23d. LOCATION (City, town, or county): Harrison Co. (State): Mo.

24. FUNERAL DIRECTOR: J. Gordon Blackmore — ADDRESS: Trenton, Mo.

25. DATE RECD. BY LOCAL REG.: 3-30-1959

26. REGISTRAR'S SIGNATURE: Zella Maxey.

O. F. Duffy

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 7 1959

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 Claude H Mondack

Licensed Embalmer No. 4986

P. O. Address Trenton, Me

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.