

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020516

X FILED JUN 30 1958 42

Registration District No. _____ Primary Registration District No. _____ Registrar's No. -656-

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colo. b. COUNTY _____					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural: Marion Twp.		Length of stay in 1b 1 day		c. CITY OR TOWN Denver		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 mile east of St. Joseph on highway #36			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3218 So. Forest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First NANCY Middle ANN Last DAVIDSON				4. DATE OF DEATH Month June Day 19 Year 1959					
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/2/1942	9. AGE (last birthday) 16	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hollywood, Calif.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Morgan W. Davidson			13b. MOTHER'S MAIDEN NAME JoAnn Cooley			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)			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Morgan Davidson, 3218 S. Forest, Colo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ignited gas tank of school Bus DUE TO (c) Bus striking overpass PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH about 2 months		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						20a. ACCIDENT <input checked="" 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.) In minutes body was carbonized	
20c. TIME OF INJURY 5:30 p.m.		Month, Day, Year June 19-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Joseph Buchanan Missouri	
21. I attended the deceased from viewed remains and last saw her June 19-59 Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) S. E. Melune, M.D.				22b. ADDRESS 214 North Patrick St. Joe Mo		22c. DATE SIGNED Wed June 23			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/20/1959		23c. NAME OF CEMETERY OR CREMATOR		23d. LOCATION (City, town, or county) (State) Denver, Colo.			
24. FUNERAL DIRECTOR ADDRESS Heaton-Bowman, St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. June 25, 1959		26. REGISTRAR'S SIGNATURE Wm. Clark Standell			

DOCUMENT

BY AFFIDAVIT OF S. E. Melune, M.D., MEDICAL CERTIFICATION

JUN 30 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 _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____

working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.