

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022814

STATE FILE NUMBER

FILED JUN 18 1959

Registration District No.

Primary Registration District No.

Registrar's No.

5385

300
1-57

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE
 "A" result of operation for hypertension for hypertrophy of prostate
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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jonesboro		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis, Little Rock Hospitals, Inc.		Length of stay in lb 17 days	d. STREET ADDRESS (If outside, give location) 415 E Nettleton		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harry Middle Ross Last Davidson			4. DATE OF DEATH Month June Day 5 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1884	9. AGE (In years last birthday) 74	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) Penser Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Davidson		13b. MOTHER'S MAIDEN NAME Emma Tate		14. NAME OF HUSBAND OR WIFE Jerusha	
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. 702-16-4949	17. INFORMANT Jerusha Davidson Address Jonesboro, Arkansas		
18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lower nephron nephrosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aspirin DUE TO (c) atrial fibrillation					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610 X					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.)		
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE
21. I attended the deceased from May 19, 1959 to June 5, 1959 and last saw him alive on June 4, 1959 Death occurred at 12.25 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>(Signature)</i>		(Date, if title)	22b. ADDRESS 4161 Luella		22c. DATE SIGNED 6-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6-5-59	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Jonesboro, Arkansas
24. FUNERAL DIRECTOR Gregg Funeral Home		ADDRESS Jonesboro, Ark.		25. DATE RECD. BY LOCAL REG. JUN 5 '59	26. REGISTRAR'S SIGNATURE <i>(Signature)</i>

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joseph J. Kossly
Licensed Embalmer No. 7541
P. O. Address E. St. Louis

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.