

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-009599**

**FILED VS MAR 15 1960**

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 57

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b <u>25 years</u>		c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>614 N. Washington</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>614 N. Washington</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<b>3. NAME OF DECEASED</b> (Type or print) First <u>LILLARD</u> Middle <u>DAVIDSON</u> Last <u>DAVIDSON</u>				<b>4. DATE OF DEATH</b> Month <u>February</u> Day <u>23</u> Year <u>1960</u>									
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>March 4 1899</u>		<b>9. AGE (last birthday)</b> <u>61</u>		<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		<b>IF UNDER 24 HR</b> Hours <u>0</u> Min. <u>0</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Ozark, Arkansas</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>					
<b>13a. FATHER'S NAME</b> <u>William Davidson</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Ann Walker</u>				<b>14. NAME OF HUSBAND OR WIFE</b> -----					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Mary Gaither, 523 W. Maple, Nevada, Mo.</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tachycardia &amp; Advanced age.</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> <u>None</u>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) -----									
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>											
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		<b>20f. CITY, TOWN, OR LOCATION</b> <u>Nevada Vernon Mo.</u>											
<b>21. I attended the deceased from</b> <u>Feb 18, 1960</u> to <u>Feb 23, 1960</u> and last saw her alive on <u>Feb 23, 1960</u> Death occurred at <u>5:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> <u>W &amp; J Love</u>						<b>22b. ADDRESS</b> <u>Nevada, Mo Callaway Bldg</u>			<b>22c. DATE SIGNED</b> <u>3/7/60</u>				
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>			<b>23b. DATE</b> <u>1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Moore Cemetery</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Nevada Missouri</u>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Ferry Funeral Home Nevada, Missouri</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-11-1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Anna &amp; Jerry</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Andrew Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada

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.