RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS JUL 7 1960

-60-025339

STATE FILE NUMBER

IDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1867

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic — Inside Limits Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print) First: James Middle: Last: Davidson

4. DATE OF DEATH Month: June Day: 17, Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan. 10, 1883 ~~Jan. 10, 1883~~
9. AGE (last birthday) 77
IF UNDER 1 YEAR: Months 5 Days 7 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Scotland
12. CITIZEN OF WHAT COUNTRY Yes

13a. FATHER'S NAME Robert Davidson
13b. MOTHER'S MAIDEN NAME Marion Park
14. NAME OF HUSBAND OR WIFE Janet Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 488-05-3718
17. INFORMANT Janet Davidson Address St Clair

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Exsanguination	30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Gastric Ulcer (Cardiac)	yrs
DUE TO (c)	Diaphragmatic Hernia	yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Perforation of Gastric Ulcer i Abd Abscess

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Feb. 1958 to June 17/60 and last saw him alive on June 16, 1960
Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William D. McTavish Jr M (Degree or title)
22b. ADDRESS 7811 Carondelet Clayton 5
22c. DATE SIGNED 6/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 20, 1960
23c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery
23d. LOCATION (City, town, or county) Lonedell, Mo. (State)

24. FUNERAL DIRECTOR Sherwood E. Kitchell ADDRESS St Clair Mo.
25. DATE RECD. BY LOCAL REG. 6-18-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Director

DOCUMENT Birth record Filed 1/26/1883

AUG 4 1960

AUG 16 1960

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_____ Signed Sherwood W. Kitchell

Signature of Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair,

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