DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

XC-2234 439 SL 24111

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10194

-60-039649
STATE FILE NUMBER

FILED VS NOV 2 1960

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis,Mo. — Length of stay in 1b 4 hrs. 10 min.	c. CITY OR TOWN ELDRED — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) - - - - - - - - - — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: IRL	Middle:	Last: DAVIDSON	4. DATE OF DEATH	Month: OCTOBER	Day: 19	Year: 1960
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 3/10/96	9. AGE (last birthday): 64	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY: ELECTRIC COMPANY	11. BIRTHPLACE (City and state or country): CARROLLTON, ILLINOIS	12. CITIZEN OF WHAT COUNTRY: USA				
13a. FATHER'S NAME: IRA W. DAVIDSON	13b. MOTHER'S MAIDEN NAME: AMY EYER	14. NAME OF HUSBAND OR WIFE: LILA DAVIDSON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1	16. SOCIAL SECURITY NO.: 331-14-7524	17. INFORMANT Address: Lila Davidson, Eldred, Illinois					

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) Hemorrhage in the abdominal Cavity caused by severing abdominal aorta or ruptured abdominal aorta

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Cardiac Arrest

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451+

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.) While undergoing operation (abdominal Aneurysm) at Veterans Hospital on October 19, 1960

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10 1960

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. VA attended the deceased from 10/18/60, to 10/19/60 and last saw him alive on 10/19/60

Death occurred at 2:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-19-60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Carrollton,Ill.
24. FUNERAL DIRECTOR ADDRESS Mehl Funeral Home,Carrollton,Ill.	25. DATE RECD. BY LOCAL REG. OCT 20 1960	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DOCUMENT

BY AFFIDAVIT OF

1981 6 AON

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis

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