SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-041851

STATE FILE NUMBER

AMENDED

Registration District No. 281 Primary Registration District No. — Registrar's No. 223

FILED NOV 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Guilford — Length of stay in 1b ✓
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hit by train — Inside Limits Yes ☐ No ☑

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

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

4. DATE OF DEATH Month Day Year: 11-15-1961

5. SEX: Female

6. COLOR OR RACE: Cau

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-27-1944-16

9. AGE (last birthday) — 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): Student

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (City and state or country): Maryville, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Elvet Davidson

13b. MOTHER'S MAIDEN NAME: Velma Skidmore

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT Address: Elvet Davidson, Guilford Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Brain laceration — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Compound fracture of skull
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Multiple internal injuries
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.) car in which she was riding struck by train.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 11-15-61

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.): County N Road

20f. CITY, TOWN, OR LOCATION COUNTY STATE: Guilford, Nodaway - Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. F. Byland M.D.

22b. ADDRESS: Maryville Mo

22c. DATE SIGNED: 11/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-18-1961

23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens

23d. LOCATION (City, town, or county) (State): Maryville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Atchison-Maryville, Mo -

25. DATE RECD. BY LOCAL REG.: 11-18-61

26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George M Atchison

Licensed Embalmer No. 5114

P. O. Address Marysvil

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