

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045379

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 232 STATE FILE NUMBER

FILED JAN 8 1962

1. PLACE OF DEATH
 a. COUNTY Laclede
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Length of stay in 1b life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 526 N. Washington Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Laclede
 c. CITY OR TOWN Lebanon Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 526 N. Washington Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ella Middle Davidson Last Davidson 4. DATE OF DEATH Month Dec. Day 29 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/2/1877 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Laclede Co. Mo. U. S. A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME J. K. Wallace 13b. MOTHER'S MAIDEN NAME Emily Robinson 14. NAME OF HUSBAND OR WIFE Rev. G. W. Davidson

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. none 17. INFORMANT Miss Esther Barker Lebanon, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
 DUE TO (b) (decompensated)
 DUE TO (c) Cholecystitis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH 10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 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 Month, Day, Year a.m. p.m.

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 April 4, 1948 to December 29, 1961 and last saw her alive on December 27, 1961
 Death occurred at T. A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paula J. King M.D. 22b. ADDRESS Knight Bldg. Lebanon Mo 22c. DATE SIGNED 30 Dec 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/31/61 23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery near Russ Laclede Co. Mo 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Dorsey M. Howe Lebanon, Mo ADDRESS 12-30-1961 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Hella L. Hays

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon,

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.