

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047503

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 5

STATE FILE NUMBER

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Scott</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Scott</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston, Mo.</u>	
Length of stay in 1b		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>Home</u>		d. STREET ADDRESS (If outside, give location) <u>812 Hunter St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	<u>Dewey</u>	<u>Josh</u>	<u>Davidson</u>		<u>Dec.</u>	<u>27</u>	<u>1961</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/14/1968</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u> Hours <u>13</u> Min.	IF UNDER 24 HR Hours <u>13</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>	11. BIRTHPLACE (City and state or country) <u>Marion Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Lee Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sue Cisco</u>	14. NAME OF HUSBAND OR WIFE <u>Gracie Davidson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Gracie Davidson Sikeston, Mo.</u>
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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) <u>Pneumonia</u>	<u>24 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Unknown</u>
DUE TO (b) <u>General debility</u>	
DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>8:00</u> a.m. <u>12-27-61</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>12-27-61</u> , to _____ and last saw ^{her} him alive on <u>12-27-61</u> Death occurred at <u>8:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John Sargent MD</u>	22b. ADDRESS <u>808 Wakefield Sikeston, Missouri</u>	22c. DATE SIGNED <u>12-30-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/29/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rt. 1, Sikeston, Mo.</u>
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24. FUNERAL DIRECTOR <u>Albritton Funeral Home Sikeston, Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-4-1962</u>	26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 8 1962

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

permit issued

Signed *Raymond L. Duffie*

Licensed Embalmer No. *4798*

P. O. Address *Berme, Mo*

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.