

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033625

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 180

FILED OCT 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10071

20071

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		Length of stay in 1b <u>33 yrs</u>	c. CITY OR TOWN <u>Butler</u> 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>Bates Co. Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>308 E. Dakota</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Morris Davidson</u>			4. DATE OF DEATH Month Day Year <u>Sept. 19, 1962</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>11-24-1890</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hatchery</u>		11. BIRTHPLACE (City and state or country) <u>Arrow Rock, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edwin Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Ester Diggs</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Davidson</u>		
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. <u>8</u>	17. INFORMANT Address <u>Myrtle Davidson Butler, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Failure</u>		<u>3 Mos</u>
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last.	DUE TO (b) <u>Mitral Regurgitation</u>	<u>15 yrs</u>
	DUE TO (c) <u>Generalized Anasarca</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Rheumatoid Arthritis</u>		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

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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Butler Mo</u>	COUNTY STATE
21. I attended the deceased from <u>4/1954</u> to <u>9-19-62</u> and last saw him alive on <u>9-19-62</u> Death occurred at <u>2:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carter W. Ruter MD</u>		22b. ADDRESS <u>Butler Mo</u>	22c. DATE SIGNED <u>9-19-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-21-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Culver-Underwood Butler, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-21-1962</u>	26. REGISTRAR'S SIGNATURE <u>Norma Jean Wilson</u>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 15 1963

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 Robert A. Sturtevant

Licensed Embalmer No. 4657

P. O. Address Butter, Md

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.