

FILED JUL 11 1957

# STANDARD CERTIFICATE OF DEATH

State File No. **20581**

BIRTH NO. _____		REG. DIST. NO. <b>107</b>		PRIMARY REG. DIST. NO. <b>3019</b>		Registrar's No. <b>89</b>	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Premiscot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett</b>		c. LENGTH OF STAY (In this place) <b>2wks</b>		c. CITY OR TOWN <b>Bragg City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Presnell Hospital</b>				e. STREET ADDRESS <b>0780</b> (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Laura Davidson</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>6-25-57</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 13, 1884</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>12</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Camden, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John D. Rowe</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Hidgon</b>		14. NAME OF HUSBAND OR WIFE <b>Abernathy Davidson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Buford Davidson St. Louis, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured Aortic Aneurysm</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arterio-sclerotic Cardio Vasculer disease</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Diabetes, melitus</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Immed.</b>  <b>10 yrs.</b>  <b>3 years.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>451X</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>5-21, 1955</b> , to <b>6-25, 1957</b> , that I last saw the deceased alive on <b>6-25, 1957</b> , and that death occurred at <b>3:40 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James J. Jozzeel M.D.</b>				23b. ADDRESS <b>Kennett, Mo</b>		23c. DATE SIGNED <b>7-1-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-27-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>		24d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-5-1957</b>		REGISTRAR'S SIGNATURE <b>Carl Hushard</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McDaniel Funeral Service Kennett, Mo</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY  
DEPARTMENT ..... 7-8  
COUNTY FILE NUMBER ..... 751

**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.....  
*Hubert B. Baird*

Licensed Embalmer No. 4888  
P. O. Address.....  
*Fennell*

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.