

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3734

FILED FEB 8 1949

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sakeman</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sakeman</u>		100
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Henry</u> c. (Last) <u>Davidson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 - 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 20 - 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James R Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Emilia Morgan</u>		14. NAME OF HUSBAND OR WIFE	
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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. <u>48-652</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.C. Davidson - Sakeman Mo</u>		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	616 MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>myocardial infarction</u> <u>arterio-sclerotic - hypertensive heart disease</u>			<u>unknown</u>	
	DUE TO (c)				
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>4</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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	21d. (COUNTY)	21e. (STATE)	
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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?			
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22. I hereby certify that I attended the deceased from Nov. 10, 1948, to Feb 3, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. Haeschen, M.D.</u>	23b. ADDRESS <u>Shelby Mo</u>		23c. DATE SIGNED <u>2/5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gods Own Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hunterwell Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 5 - 49</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Garrison</u>	ADDRESS <u>Hunterwell Mo</u>
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(Licensed Embalmer's Statement on Reverse Side) Hunterwell Mo

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

MAY 7 1952

RECEIVED

District Health Officer No. 10

District File Number 2-49-254

Date Filed FEB 7 1949

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
Student Embalmer

Signed Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Sheelins 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 this body is not embalmed, fact should be so stated above.