

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1950

State File No. 19820

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5392		Registrar's No. 46		
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lenox		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lenox		0330		
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) --				
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) L. c. (Last) Davidson			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1950					
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)	8. DATE OF BIRTH July 11, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME David Davidson			13b. MOTHER'S MAIDEN NAME Amanda Wofford		14. NAME OF HUSBAND OR WIFE None			
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. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.E. Stites, Lenox, Missouri				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4/201	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on June 16, 1950, and that death occurred at 5:00p m., from the causes and on the date stated above.								
23a. SIGNATURE (Type or Print) Leslie Davidson				23b. ADDRESS Lenox, Mo		23c. DATE SIGNED 6-19-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/18/50		24c. NAME OF CEMETERY OR CREMATORY Wofford Cemetery		24d. LOCATION (City, town, or county) (State) Dent County, Missouri		
DATE REC'D BY LOCAL REG. 6-21-50		REGISTRAR'S SIGNATURE M. M. Hart, M.D. & Co		25. FEDERAL DIRECTOR'S SIGNATURE Carl K. Spencer		ADDRESS Salem, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 27 1950
District Health Officer No. 9,
District File Number

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 Wm. W. McKenna

Licensed Embalmer No. 3806

P. O. Address Salem, 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.