

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34605

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike 1820	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (If in this place) 6 months	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana,		d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 422 South Third St.	
d. STREET ADDRESS (If rural, give location) 422 422 S. Third St.		3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) M. c. (Last) Davidson	
4. DATE OF DEATH Oct. 15, 1951		5. SEX Male 0	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH 3/2/1882		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Middletown, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wesley Davidson		13b. MOTHER'S MAIDEN NAME Maggie Wilson	
14. NAME OF HUSBAND OR WIFE Cecil Davidson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs Maggie Burkhalter, Louisiana, Mo.	
18. ADDRESS -----		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident 10/24		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus? 4 yrs		DUE TO (c) Anterodilatative Hypertensive Cardiovascular Disease 4 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X Disease	
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 1849, to 10-15, 1951, that I last saw the deceased alive on 8-24, 1951, and that death occurred at 5:00 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. H. Kewellen M.D.		23b. ADDRESS Louisiana, Mo.	
23c. DATE SIGNED 10-16-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	
24b. DATE 10/17/51		24c. NAME OF CEMETERY OR CREMATORY Middletown Cemetery	
24d. LOCATION (City, town, or county) (State) Middletown, Mo.		DATE REC'D BY LOCAL REG. Oct 16, 1951	
REGISTRAR'S SIGNATURE Bernice Callier 374		FUNERAL DIRECTOR'S SIGNATURE ADDRESS George O. Hagedorn Louisiana, Mo.	

(Licensed Embalmer's Statement of Reverse Side)

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

OCT 31 1950

Date Received: OCT 29 1951

DISTRICT HEALTH OFFICE #2

District File Number 10-51-191

Date Filed: OCT 29 1951

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 REX

working under my personal supervision.

Student Embalmer No.

Signed

George O. Wagner

Licensed Embalmer No. 3773

Signed.....
Student Embalmer

P. O. Address Louisiana, 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.