

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43777**  
Registrar's No. **59**

1040

FILED JAN 4 1952

BIRTH NO. 66101-57 REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Reeds Springs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Reeds Springs</u>	
c. LENGTH OF STAY (in this place) <u>9 mths</u>		d. STREET ADDRESS (If rural, give location) <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>Marshall</u> b. (Middle) <u>George</u> c. (Last) <u>Davidson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Sept 22, 1885</u>
9. AGE (in years last birthday) <u>2 mo.</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Reeds Springs mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Elmer Davidson</u>	
13b. MOTHER'S MAIDEN NAME <u>Bertrude Jones</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Davidson</u>		ADDRESS <u>Reeds Springs mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>at death</u> , 19 <u>51</u> , <u>Dec 7</u> , 19 <u>51</u> , that I last saw the deceased <u>live on Dec 7</u> , 19 <u>51</u> , and that death occurred at <u>3 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Everett J. Cheatham</u> (Name or title)		23b. ADDRESS <u>Salena mo</u>	
23c. DATE SIGNED <u>Dec 8-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Exeter</u>	24d. LOCATION (City, town, or county) (State) <u>Exeter mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 8-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brossard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u> ADDRESS <u>Salena mo</u>	

Pauline Murray (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Elliott J. Cheatham

Signed.....  
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Galena 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.