

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

6046

State File No. \_\_\_\_\_

FILED FEB 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>27</u>			
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Balvan</u>		c. LENGTH OF STAY (in this place) <u>49 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Balvan</u>		0846			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 Abbe St.</u>				d. STREET ADDRESS (If rural, give location) <u>511 Abbe St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Milton</u> b. (Middle) <u>Davison</u> c. (Last) <u>Davison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1952</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 9 1872</u>	9. AGE (In years last birthday) <u>79</u>	of weeks <u>8</u>	of months <u>10</u>	of days <u>10</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Balvan Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Thomas Davison</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Ann Davison</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joe Watts Balvan 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* <u>acute heart failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis</u>  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 <u>1 wk</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) m.		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 <u>2/12</u> , 19 <u>52</u> , to <u>2/19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/19</u> , 19 <u>52</u> and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. C. McLean M.D.</u>				23b. ADDRESS <u>Balvan Mo</u>		23c. DATE SIGNED <u>2-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 22 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery Balvan Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 22, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Darden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Blue</u>		ADDRESS <u>Balvan Mo</u>			

(Licensed Embellisher's Stamp on Reverse Side)

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

No. 300  
10.48

41

**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 Stellard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.