

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23643**

FILED JUL 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **9**

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give townshp) <b>Rural Boone Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give townshp) <b>Rural 6 miles East Of Hartsburg Mo.</b>	
c. LENGTH OF STAY (In this place) <b>17yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0102</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural 6 miles east of Hartsburg, Mo.</b>			
3. NAME OF DECEASED a. (First) <b>Jessie Mitchell</b> b. (Middle) <b>Davidson</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1952</b>
5. SEX <b>0</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 10, 1888</b>
9. AGE (In years last birthday) <b>64</b>	10. UNDER 1 YEAR Months <b>3</b> Days <b>15</b>	11. BIRTHPLACE (State or foreign country) <b>Boone Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	
13a. FATHER'S NAME <b>Francis M. Davidson</b>		13b. MOTHER'S MAIDEN NAME <b>Lusia Carter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Dora Davidson Hartsburg, Mo.</b>			ADDRESS
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) <b>General Debility</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>Primary hypernephroma of Kidney</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture L Hip</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>180XF</b>	
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)		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 <b>Feb 1951</b> , to <b>June 25, 1952</b> , that I last saw the deceased alive on <b>June 24, 1952</b> , and that death occurred at <b>6:55A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. C. Michael D.O.</b>		23b. ADDRESS <b>Jefferson City Mo 6/26/52</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 27, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Claysville, Mo</b>	
DATE REC'D BY LOCAL REG. <b>6/26/52</b>		REGISTRAR'S SIGNATURE <b>Mrs Mildred Burnett</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Victor Buescher</b>		ADDRESS <b>Jefferson City</b>	

AUG 12 1952

MAR 24 1954

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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.....

*Victor Beecher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.