

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34597

State File No. ....

FILED NOV 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u>	
c. LENGTH OF STAY (In this place) <u>yr's</u>		d. STREET ADDRESS (If rural, give location) <u>Pershing Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Wm Harvey</u>	b. (Middle) <u>Davidson</u>		c. (Last)	10/29/52	(Year)
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 28/1880</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>

13a. FATHER'S NAME <u>David Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Wofford</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Julian Davidson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wm H Davidson</u> ADDRESS <u>Salem 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		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Atherosclerosis</u> 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?

I hereby certify that I attended the deceased from Oct. 20, 1952, to Oct. 29, 1952, that I last saw the deceased alive on Oct. 29, 1952, and that death occurred at 8P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm Mitchell M.D.</u> (Degree or title)	23b. ADDRESS <u>Salem, Mo</u>	23c. DATE SIGNED <u>11/7/52</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/1/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>
DATE REC'D BY LOCAL REG. <u>11-7-52</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3331

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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 \_\_\_\_\_

*Orville K. Jensen*  
Licensed Embalmer No. *12345*  
P. O. Address *123 Main St*

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.