

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43071**

FILED DEC 31 1952

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **110**

871

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

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution residence before and present) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 220 S. SIXTEENTH	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) DAVID	b. (Middle) EDWARD	c. (Last) DAVIDSON	4. DATE OF DEATH (Month) (Day) (Year) DEC 12, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 16, 1874	9. AGE (In years) (last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY NURSERY	11. BIRTHPLACE (City and State or Foreign Country) QUINCY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DAVID ARCHABLE DAVIDSON	13b. MOTHER'S MAIDEN NAME ELIZABETH McCURRAN	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Wm. THOMAS DAVIDSON	ADDRESS Rock Island, Ill.
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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 6+ mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) sets of aneurysm DUE TO (c) undetermined abdominal		
II. OTHER SIGNIFICANT CONDITIONS (State 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"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **11-26, 1952** to **12-12, 1952** that I last saw the deceased alive on **12-12, 1952**, and that death occurred at **11:27 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Kemmler M.D. (Degree or title)	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 12/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 16, 1952	24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) LOUISIANA, MISSOURI
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DATE REC'D BY LOCAL REG. Dec 16, 1952	REGISTRAR'S SIGNATURE Jernice Collier	379	25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	ADDRESS Louisiana, Mo.
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.