No. 300
10.48

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

2174

State File No. .....

FILED FEB 13 1953

BIRTH NO. ..... REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 10

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Hudson
c. LENGTH OF STAY (in this place): 4 yrs. 3 mos. 5 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Still-Hildreth San

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kans.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norton 8150
d. STREET ADDRESS (If rural, give location): 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Emery
b. (Middle): SARGENT
c. (Last): Davidson

**4. DATE OF DEATH** (Month) Jan (Day) 11 (Year) '53

**5. SEX**: MALE
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED 1
**8. DATE OF BIRTH**: Sept 26. 1867
**9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): R.R. agent.
**10b. KIND OF BUSINESS OR INDUSTRY**: Burlington R.R.
**11. BIRTHPLACE** (City and State or Foreign Country): GENESEO, ILLINOIS 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Not Available
**13b. MOTHER'S MAIDEN NAME**: Not Available
**14. NAME OF HUSBAND OR WIFE**: MARY E. MATHES DAVIDSON

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: MARY E. MATHES, NORTON, KANS.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senile Psychosis
DUE TO (c) Arteriosclerosis

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**: 4500
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct 6, 1948, *to* Jan 11, 1953, *that I last saw the deceased alive on* Jan 11, 1953, *and that death occurred at* 3:25 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Eldon A. Morgan, D.O.
**23b. ADDRESS**: Macon, Mo.
**23c. DATE SIGNED**: 1-11-'53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Pimbral
**24b. DATE**: 1-12-53
**24c. NAME OF ~~CEMETERY OR CREMATORY~~**: NORTON, KANS
**24d. LOCATION** (City, town, or county) (State): NORTON, KAN.

**DATE REC'D BY LOCAL REG.**: 1-12/53
**REGISTRAR'S SIGNATURE**: Ruth McNeely 185
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Albert Skinner Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-10-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 2-53-27
Date Filed 2-11-53

FEB 14 1953

MAR 2 1953

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 Warren D Noblett

Licensed Embalmer No. 4005

P. O. Address Macon 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Kansas } ss.
County of Norton }

State File No. 2174
Local Registrar's No. 10

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of Feb, 1953, before me appears Mary E. Davidson, who, upon her oath, states that the original record of ~~birth~~ death for Emery Sargent Davidson ~~born~~ died January 11, 1953, in the State of Missouri, and which was filed at Macon, Mo. on Jan, 1953, should be corrected as follows:

Item No. 8 should read Sept 25, 1867
Instead of Sept 25, 1868

Item No. 9 should read 85 years
Instead of 84 years

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief. Mary E. Davidson

(SEAL)

Affiant Mary E. Davidson Widow
Relationship.

Norton, Kansas
Present Address.

Subscribed and sworn to before me this 21st day of Feb, 1953

My Commission expires Jan 24, 1954 Mattie Davis Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
50M—4-43
I X36667