

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43566**

FILED DEC 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706** Registrar's No. **100**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>McDonald</b>		a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Anderson Twp</b>		b. COUNTY <b>McDonald</b>	
c. LENGTH OF STAY (in this place) <b>23 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Anderson Twp 0600</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 1/2 mi west of Anderson</b>		d. STREET ADDRESS (If rural, give location) <b>1 1/2 mi west of Anderson</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>JAMES</b>	b. (Middle) <b>RUSSELL</b>	c. (Last) <b>DAVIDSON</b>	(Month) <b>12</b>	(Day) <b>9</b>	(Year) <b>1953</b>
(Type or Print)					

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>12-7-1895</b>	<b>9. AGE</b> (In years last birthday) <b>58</b>			<b>10. MONTHS</b> <b>0</b>	<b>11. DAYS</b> <b>2</b>	<b>12. HOURS</b> <b>✓</b>	<b>13. MIN.</b> <b>✓</b>
---------------------------	--------------------------------------	--	--	--	--	--	----------------------------	--------------------------	---------------------------	--------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Stone Keeper</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Broker</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Chadwick, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
--	--	---	---

<b>13a. FATHER'S NAME</b> <b>Sherman P. Davidson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Ann Baker</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edith Davidson</b>	
--	---	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b>	(If yes, give war or dates of service) <b>World War I</b>	<b>16. SOCIAL SECURITY NO.</b> <b>499-14-8813</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Edith Davidson Anderson, Mrs.</b>	<b>ADDRESS</b>
---	---	---	---	----------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>12 hours</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Accident.</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Coronary occlusion</b> <b>DUE TO (c) Arteriosclerosis &amp; Hypertension</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	---	-----------------------------------

**22. I hereby certify that I attended the deceased from 1-1-1950 to 12-9-1953, that I last saw the deceased alive on 12-9-1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>M. B. Blankenship</b> (Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Anderson, Mo.</b>	<b>23c. DATE SIGNED</b> <b>12-11-53</b>
--	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>12-11-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anderson Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Anderson, Mo.</b>
--	------------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>12-12-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Maureen Humphrey</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Humphrey &amp; Cleathan Anderson, Mrs.</b>	<b>ADDRESS</b> <b>Anderson, Mo.</b>
---	--	---	-------------------------------------

DEC 18 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 me

Student Embalmer No.       

working under my personal supervision.

Student         
Student Embalmer

Signed A.E. Cheatham

Licensed Embalmer No. 2813

P. O. Address Anderson, 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.