

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16749**

BIRTH NO. _____		REG. DIST., NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 147	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) Marionville		c. LENGTH OF STAY (In this place) 4 da		c. CITY (If outside corporate limits, write RURAL and give township) Barnard		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) W. c. (Last) Davidson			4. DATE OF DEATH (Month) (Day) (Year) 5-22-1954				
5. SEX male		6. COLOR OF RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 16-1883	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Barnard Mo.	
11. BIRTHPLACE (State or foreign country) Barnard Mo.		12. CITIZEN OF WHAT COUNTRY? USA.					
13a. FATHER'S NAME Louis J. Davidson		13b. MOTHER'S MAIDEN NAME Nancy Gaugh		14. NAME OF HUSBAND OR WIFE Mrs Mary L. Davidson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary L. Davidson Barnard Mo.			
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) Cardiac Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema DUE TO (c) Diffuse Carcinomatosis and/or Lactiferal Tuberculosis (Pulmonary) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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?			
22. I hereby certify that I attended the deceased from May 18, 1954 , to May 22, 1954 , that I last saw the deceased alive on May 22, 1954 and that death occurred at 10 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE W.R. Jackson, M.D.				23b. ADDRESS Marionville		23c. DATE SIGNED 6-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-24-1954		24c. NAME OF CEMETERY OR CREMATORY Barnard Cem-		24d. LOCATION (City, town, or county) (State) Barnard Mo.	
DATE REC'D BY LOCAL REG. 6-12-54		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Matthews Marionville Mo.			

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

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

G. M. Atkinson

Licensed Embalmer No.

3379

P. O. Address

Maryville 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.