Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-010779
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 228-251 Primary Registration District No. 5808 Registrar's No. 79

**1. PLACE OF DEATH**
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) High Hill — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN High Hill 0700 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print) First: Artie Middle: Last: Davidson

**4. DATE OF DEATH** Month March Day Year 1958

**5. SEX** Male 0

**6. COLOR OR RACE** White

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** October 2, 1873

**9. AGE** (In years last birthday) 84 — 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) Retired Farmer

**10b. KIND OF BUSINESS OR INDUSTRY** Farming

**11. BIRTHPLACE** (City and state or country) Big Spring, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Joseph Davidson

**13b. MOTHER'S MAIDEN NAME** Judith Bush

**14. NAME OF HUSBAND OR WIFE** Emma Louise 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.** None

**17. INFORMANT** Mrs. George Schlanker Address Jonesburg, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial degeneration with decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.
Arteriosclerotic heart disease — 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Generalized arteriosclerosis & glomerulonephritis - Senility

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from Oct. 10, 1957 to Mar. 20, 1958 and last saw ~~he~~ him alive on Mar. 19, 1958
Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** C. H. Thompson DO (Degree or title)

**22b. ADDRESS** New Florence Mo

**22c. DATE SIGNED** Mar 22-1958

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**23b. DATE** March 22, 1958

**23c. NAME OF CEMETERY OR CREMATORY** Mt. Pleasant, Cemetery

**23d. LOCATION** (City, town, or county) (State) High Hill, Missouri

**24. FUNERAL DIRECTOR** Schlanker Funeral Home ADDRESS Montgomery City Missouri

**25. DATE RECD. BY LOCAL REG.** Mar 31-1958

**26. REGISTRAR'S SIGNATURE** Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

500 0

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 .....
Signature of Student Embalmer

Signed ..... Oland A. Jones

Licensed Embalmer No. 2978

P. O. Address ..... Bellflower

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.