

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36546**BIRTH NO. **12-1-50** REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5332** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ernest twp		c. LENGTH OF STAY (in this place) 50 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 mi NW of Greenfield		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ernest twp	
3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Wilson c. (Last) DAVIDSON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1870
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 0 Days 24 IF UNDER 24 HRS. Hours ✓ Min. ✓
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Cedar Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Rev James T. Davidson	
13b. MOTHER'S MAIDEN NAME Lucretia O'Neal		14. NAME OF HUSBAND OR WIFE Mrs. Alice Davidson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Davidson; Rt #2, Greenfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Apparently heart attack INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 43.43	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. C. Canada MD³ Cooner (Degree or title)		23b. ADDRESS Lockwood, Mo.	23c. DATE SIGNED 11/27/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/28/1950	24c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery	24d. LOCATION (City, town, or county) (State) Greenfield, Missouri
DATE REC'D BY LOCAL REG. 12-1-50	REGISTRAR'S SIGNATURE Geo. L. Weir 790	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada, Greenfield, Mo. ADDRESS _____	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

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Dist. File 1250-2413

Date Filed 12-5-50

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

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address

Greenfield, 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.