S. No. 300
v. 10.48

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15915

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5235 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Benton Twp
c. LENGTH OF STAY (In this place): 0200
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Benton Twp 0200
d. STREET ADDRESS (If rural, give location): 8Mi. S.E. of El Dorado Springs Mo

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): EDWARD
c. (Last): DAVIDSON

4. DATE OF DEATH (Month) (Day) (Year): Mar. 17, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29, 1882
9. AGE (In years last birthday): 68 | 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cedar County
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Edward Davidson
13b. MOTHER'S MAIDEN NAME: Lydia Margaret Light
14. NAME OF HUSBAND OR WIFE: Laura Elizabeth 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'S SIGNATURE OR NAME: Mrs. Lydia McMillan **ADDRESS**: Osceola, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Hypertension — yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 _____, 19__, to 12-6-, 1951, that I last saw the deceased alive on 12-6-, 1951, and that death occurred at 4:00 P.m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. B. Richter (Degree or title) M.D.
23b. ADDRESS: Stockton Mo
23c. DATE SIGNED: 3-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/19/51
24c. NAME OF CEMETERY OR CREMATORY: Sand Ridge
24d. LOCATION (City, town, or county) (State): Cedar County Missouri

DATE REC'D BY LOCAL REG.: 3-21-51
REGISTRAR'S SIGNATURE: Mrs. Velma Ellis
25. FUNERAL DIRECTOR'S SIGNATURE: John A. Cantlon **ADDRESS**: Stockton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUN 5 1951
Dist. File 621-9272
Date Filed 6-5-51

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 Richard W. Bandall, Student Embalmer No. 405, working under my personal supervision.

Student Richard W. Bandall
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.