

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29445

State File No.

FILED SEP 18 1951

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>228</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Fourth Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>119 Fourth Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>CLAY</u>		c. (Last) <u>DAVIDSON</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>Sept. 10, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 14, 1887</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>
IF UNDER 2 HRS. Hour <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>University of Mo. Power</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Collier Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Jeannie Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Renfro Davidson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-30-5007</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Davidson, Columbia, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Sclerosis</u> ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Pulmonary insufficiency due to Bronchopneumonia, marked</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 yrs</u> <u>10 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 <u>7-3-</u> , 19 <u>51</u> , to <u>9-10-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-4-</u> , 19 <u>51</u> , and that death occurred at <u>6:09</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James A. Atkins, M.D.</u>				23b. ADDRESS <u>Columbia, Mo. 1506 Cherry</u>		23c. DATE SIGNED <u>9-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept 12 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51

SEP 25 1951

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 Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.