

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **4385**

**FILED FEB 16 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **15**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dunklin</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY OR TOWN <b>Kennett</b>		c. CITY OR TOWN <b>Bragg City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>22 Days</b>		e. STREET ADDRESS (If rural, give location) <b>0780 Main Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Presnell Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Abernathy</b> b. (Middle) <b>N</b> c. (Last) <b>Davidson</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 2 1955</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 4 1885</b>	<b>9. AGE</b> (In years last birthday) <b>69</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Benton County Tennessee</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>			
<b>13a. FATHER'S NAME</b> <b>John H. Davidson</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Townsend</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Laura Ann Davidson</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>X</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Buford Davidson St. Louis, Mo.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia poisoning</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Hepatitis</b>			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Complications of influenza</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>592X</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 1-12-55, 1955, to 2-2-55, 1955, that I last saw the deceased alive on 2-2-55, 1955, and that death occurred at 12 Noon from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>H. C. Wilson M.D.</b>		<b>23b. ADDRESS</b> <b>Kennett, Mo.</b>		<b>23c. DATE SIGNED</b> <b>2-4-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Feb. 4, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Ridge</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kennett Missouri</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>2-5-1955</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Earl Hubbard</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>H. S. Smith Funeral Home C'ville. Mo</b>
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No. 300 10.48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-12-55

COUNTY FILE NUMBER 255-32

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 ..... Signature of Student Embalmer

Signed *W. Denver Fike* .....

Licensed Embalmer No. *4484* .....

P. O. Address *Caruthersville* .....

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.