

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12667**BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>		c. CITY OR TOWN <u>Senath</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0330</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u> b. (Middle) <u>Reece</u> c. (Last) <u>DAVIDSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24 57</u>
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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>JUNE 24, 1917</u>	9. AGE (In years last birthday) <u>39</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASST BANK CASHIER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Floyd Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Sudie Watts</u>	14. NAME OF HUSBAND OR WIFE <u>Etaine Davidson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Etaine Davidson</u>	ADDRESS <u>Senath, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease cardiac enlargement mitral & aortic valve stenosis and insufficiency, myocardial infarction, stroke to</u>	INTERVAL BETWEEN ONSET AND DEATH <u>same age?</u>
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ANTECEDENT CAUSES Morbid 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. <u>Bronchitis & also pneumonia.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Mitral valvulotomy Dec 57</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug, 1950, to Mar 25, 1957, that I last saw the deceased alive on Mar 25, 1957, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Etaine Davidson MD</u>	23b. ADDRESS <u>Senath, Mo</u>	23c. DATE SIGNED <u>4-2-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/26/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-2-57</u>	REGISTRAR'S SIGNATURE <u>Ed. A. D. P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Danie / Funeral Home, Senath, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-Photo Set

Apr 17 1959

MON. 2 3 1959

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 *William L. Larson*.....

Licensed Embalmer No. 4840.....

P. O. Address *Seneca*.....

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.