

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Pickens  
State File No. 22783

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5456 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wilson Twhsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo</u>	
c. LENGTH OF STAY (If in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>641 S. Warren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>James River</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LeRoy</u>		b. (Middle) _____ c. (Last) <u>Davis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1951</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 17 1939</u>	
9. AGE (In years last birthday) <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	
11. BIRTHPLACE (State or foreign country) <u>Christian Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leonard Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Bryan</u>	
14. NAME OF HUSBAND OR WIFE <u>X</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Davis</u> ADDRESS <u>Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>suffocation due to drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
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>69298 42</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>James River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>rural Wilson Twhsp. Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 16, 1951 Pm 3:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>suffocation due to drowning</u>		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 <u>3:30p.</u> , from the causes and on the date stated above.	
22a. SIGNATURE (Degree or title) <u>Allen Pickens, Coronar</u>		23b. ADDRESS <u>407 Medical Arts Bldg.</u>	
23c. DATE SIGNED <u>7-17, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u> ADDRESS <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 19-1951</u>		REGISTRAR'S SIGNATURE <u>Glouance Britain</u>	

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

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**RECEIVED**

Greene County Health Office,

County File Number 51-7-49

Date Filed 7-23-51

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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Walter E Hamilton.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3808.....

P. O. Address Springfield, 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.