

S. No. 300 JUN 7 1952
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17227

3043 State File No. 3048 Registrar's No. 159

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3048

0644
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY PIKE	
b. CITY OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CURRYVILLE 0820	
c. LENGTH OF STAY (in this place) 9 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST ELIZABETH			

3. NAME OF DECEASED (Type or Print) a. (First) LEON b. (Middle) DAVIS c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 5 26 52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-26-1881	9. AGE (In years last birthday) 71	10. MONTHS 1
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) PIKE COUNTY Mo.		12. CITIZENRY OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME CARROLL MAYHEW DAVIS	13b. MOTHER'S MAIDEN NAME ANN KIMBER	14. NAME OF HUSBAND OR WIFE MAYME ANN DAVIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mayme Ann Davis, Curryville, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE decompensated		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c) essential hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **May 17**, 19**52**, to **May 26**, 19**52**, that I last saw the deceased alive on **May 26**, 19**52**, and that death occurred at **7:20AM** m., from the causes and on the date stated above.

23a. SIGNATURE Ernan R. Lerone MD (Degree or title)	23b. ADDRESS Vandalia Mo	23c. DATE SIGNED 5/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-29-52	24c. NAME OF CEMETERY OR CREMATORY VANDALIA CEMETARY VANDALIA, Mo.
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE Glen Smith ADDRESS Vandalia, Mo.	
DATE REC'D BY LOCAL REG. 5-29-52	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. H. Fisher	

JUN 2, 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JUN 4 1952

MARION

HEALTH DEPT.

STATE OF OREGON

1952

STATE OF OREGON

FARMING

AND

AGRICULTURE

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 _____

Licensed Embalmer No. 3246

P. O. Address _____

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.