

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9570

State File No.

No. 300
10-48

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 39

410
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Highway#69</u>		c. LENGTH OF STAY (In this place) <u>0</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jefferson Township</u> <u>0310</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Enroute to Bethany Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Winston, Missouri</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence T.</u> b. (Middle) <u>Davis</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1953</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>Jan 14, 1906</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Month Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Operated Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winston, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William A. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Wilson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lucy Belle Davis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-20-2844</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Belle Davis, Winston, Mo.</u>		17. ADDRESS <u>Winston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head injury - Skull fracture</u>		DUE TO (b) <u>Trauma from auto accident</u>			<u>30 min</u>
ANTECEDENT CAUSES <u>patient dead on arrival at hospital.</u>		DUE TO (c) <u>Probable neck fracture</u>			<u>30 min</u>
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>30 min</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>031 E8234</u>			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>Auto accident</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Highway 69 - Davies Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 16 53 5³⁰</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>car ran off highway - struck telephone</u>	
22. I hereby certify that I attended the deceased from <u>seen 3-16-53</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Leonard R. Lee M.D.</u>			23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED <u>3/18/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonburg, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/23/53</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tommy Smith</u> ADDRESS <u>Pattonburg, Mo.</u>	

MAY 28 1944

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Pattonburg, 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.