FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18256

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5223 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Cass County.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everett Township.
c. LENGTH OF STAY (In this place): 70 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Own Farm Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Cass.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Everett Twp. 0190
d. STREET ADDRESS (If rural, give location): 3½ Mi. No. Main City, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): ALONZO b. (Middle): THEODORE c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): June, 12, 1954.

5. SEX: Male. 0
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Sep. 4, 1870.
9. AGE (In years last birthday): 83/9/8 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Farming & Stock.
11. BIRTHPLACE (City and State or Foreign Country): Baxter Springs, Kan.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John S. Davis.
13b. MOTHER'S MAIDEN NAME: Laura Bewley.
14. NAME OF HUSBAND OR WIFE: Mae Showalter Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mae. Davis. ADDRESS: Drexel, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7, 1954, *to* 6/12/54 19___, *that I last saw the deceased alive on* June 11, 1954, *and that death occurred at* 5:40a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Basil Hartwell (Degree or title): M.D. 0
23b. ADDRESS: Drexel, Missouri.
23c. DATE SIGNED: 6/12/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24b. DATE: 6/13/1954.
24c. NAME OF CEMETERY OR CREMATORY: Sharon Cemetery
24d. LOCATION (City, town, or county) (State): Drexel, Mo.

DATE REC'D BY LOCAL REG.: 6/15/54.
REGISTRAR'S SIGNATURE: Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] **ADDRESS**: Drexel-Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 21 1954
CASS COUNTY
HEALTH DEPARTMENT

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. 1950

P. O. Address Drexel-M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.