

STANDARD CERTIFICATE OF DEATH

5033 State File No. 7173

FILED APR 11 1955

BIRTH NO. REG. DIST. NO. 10 47 PRIMARY REG. DIST. NO. 5172 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Callaway Andrain
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Loutre
c. LENGTH OF STAY (in this place) 17 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 1/2 Miles S. Martinsburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY (If outside corporate limits, write RURAL and give township) Rural - Loutre
d. STREET ADDRESS (If rural, give location) 3 1/2 Miles South Martinsburg

3. NAME OF DECEASED
a. (First) ORVILLE b. (Middle) LLOYD c. (Last) DAVIS
4. DATE OF DEATH (Month) (Day) (Year) Apr. 3 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married
8. DATE OF BIRTH Feb. 8 1908 9. AGE (In years) (Month) (Day) (Hour) (Min.) 47 1 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Montgomery County, Mo. 12. CITIZEN OF WHAT COUNTRY? A.

13a. FATHER'S NAME Elmo Davis 13b. MOTHER'S MAIDEN NAME Lela May Pickett 14. NAME OF HUSBAND OR WIFE Mrs. Aleta May Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 487-28-2408
17. INFORMANT'S SIGNATURE OR NAME Mrs. Aleta M. Davis, ADDRESS Loutre, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis pulmonary
INTERVAL BETWEEN ONSET AND DEATH 6 year
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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 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) 002 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Jan 15, 1955, to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 10:12 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willis H. Wellons, Jr. 23b. ADDRESS Wellsville 23c. DATE SIGNED 4/6/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/6/55 24c. NAME OF CEMETERY OR CREMATORY Benton City Cemetery 24d. LOCATION (City, town, or county) (State) Benton City, Missouri

DATE REC'D BY LOCAL REG. Apr. 9 - 1955 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]

(Licensed Embalmer's Statement on Reverse Side)

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

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 *A. B. Keller*

Signed.....
Student Embalmer

Licensed Embalmer No. *1588*

P. O. Address *Kellerville 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.