

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26542

STATE FILE NUMBER

FILED SEP 10 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 809

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>Tulsa</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Tulsa</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Burge Hosp.</b>		d. STREET ADDRESS <b>3341 Independence</b>	

3. NAME OF DECEASED (Type or print) <b>LEON HARVEY DAVIS</b>			4. DATE OF DEATH <b>Sept. 5, 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <b>26 Feb. 1899</b>		9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR	
11. BIRTHPLACE (City and state or country) <b>Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>John Davis</b>	
14. MOTHER'S MAIDEN NAME <b>Daisie Huggett</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>441-09-5982</b>	
17. INFORMANT <b>Nell Davis</b>		18. ADDRESS <b>Tulsa, Okla.</b>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <b>Probable Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)
		DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

UNATTENDED BY A PHYSICIAN

4201

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>4:30</b> Month, Day, Year a. m. <b>A.M.</b> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Tulsa, Oklahoma</b>	

21. I attended the deceased from \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at **4:30 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Ernie L. Williamson</b> (Degree or title) <b>Local Registrar of Vital Statistics</b>		22b. ADDRESS <b>Greene County Court House Springfield, Missouri</b>		22c. DATE SIGNED <b>9/5/56</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-5-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	
23d. LOCATION (City, town, or county) <b>Tulsa, Oklahoma</b>					

24. FUNERAL DIRECTOR <b>W. Klingner &amp; Co. Spgfd. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-5-56</b>		26. REGISTRAR'S SIGNATURE <b>Ernie L. Williamson</b>	
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(Licensed Embalmer's Statement on Reverse Side)

1957  
67  
3003

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Glen S. Williams*

Licensed Embalmer No. *46*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It is  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.