

FILED JAN 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 40637

54

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u> b. (Middle) <u>Bradley</u> c. (Last) <u>Davies</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21st. 1948</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>Mar. 15 - 1867</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 6 HRS. Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ind. Mo. Rural Waverly, Lafayette Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John B. Davies</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Frances Potter</u>	14. NAME OF HUSBAND OR WIFE <u>Lellie B. Davies</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Etta Davies 3 Small Waverly 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. <u>10/3/6</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>since 1946</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generaliz</u> 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 <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 <u>Dec. 19th</u> , to <u>Dec. 21st</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Dec. 21</u> , 19 <u>48</u> , and that death occurred at <u>11:30</u> P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jordan Kelling M.D.</u> (Degree or title)		23b. ADDRESS <u>Kelling Clinic Waverly, Mo.</u>	23c. DATE SIGNED <u>12/22/48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 23 - 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waverly Mo. Cem.</u>	24d. LOCATION (City, town or county) (State) <u>Waverly, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 22 - 1948</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Funeral Home, Carrollton, Mo.</u>	

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-49

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.