

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20572

FILED JUL 11 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>_____</u>					
3. NAME OF DECEASED (Type or Print) <u>LONIE</u>			a. (First) <u>OTTO</u>		b. (Middle) <u>DAVIS</u>		c. (Last) <u>DAVIS</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 49</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 26, 1885</u>	
9. AGE (In years last birthday) (Specify) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Walter</u>		11. BIRTH PLACE (State or foreign country) <u>Richland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James A. Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Nigh</u>			14. NAME OF HUSBAND OR WIFE <u>Arnessa Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>547-0728</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. H. Robins Oak Ridge, Mo.</u>				ADDRESS	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Arterio-sclerosis A.D.</u>				Ch	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>3321</u>	
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) (Min.)		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>Mar</u> , 1947, to <u>July 1</u> , 1949, that I last saw the deceased alive on <u>July 1</u> , 1949, and that death occurred at <u>5:55 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ray H. ...</u>				23b. ADDRESS <u>Richland</u>				23c. DATE SIGNED <u>7 July 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn</u>		24d. LOCATION (City, town, or county) (State) <u>Richland Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma C. Buckthorpe</u>	
DATE REC'D BY LOCAL REG. <u>7-8-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		ADDRESS <u>Richland</u>			

JUL 8 1949

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 \_\_\_\_\_

*Cowell Craig*  
working under my personal supervision.

Student Embalmer No. *329*

Student *Cowell Craig*.....  
Student Embalmer

Signed

*R. B. Zeepe*

Licensed Embalmer No. *3198*

P. O. Address *Peachland*

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.