

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12178

FILED MAY 15 1952

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville Neely	c. LENGTH OF STAY (in this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville Neely 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Neelyville, Mo		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) DAVIS c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) May 5 1952		
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5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 23, 1893		9. AGE (in years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Arron Davis		13b. MOTHER'S MAIDEN NAME Elizabeth Stephens		14. NAME OF HUSBAND OR WIFE Bertha Davis	
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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.	17. INFORMANT'S SIGNATURE OR NAME Bertha Davis Neelyville, Mo			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH about 2 yrs
*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 None	19b. MAJOR FINDINGS OF OPERATION 002X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Dec. 7, 1951, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Smith (Degree or title) D.O.		23b. ADDRESS Box 328, Neelyville, Mo.		23c. DATE SIGNED May 6, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 7/52	24c. NAME OF CEMETERY OR CREMATORY Corning	24d. LOCATION (City, town, or county) (State) Corning, Ark.		
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DATE REC'D BY LOCAL REG. May 8 - 1952	REGISTRAR'S SIGNATURE Wm. H. Johnson	425-0	25. FUNERAL DIRECTOR'S SIGNATURE Richard O. Ernest ADDRESS Corning, Ark		
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 13 1952
BUTLER CO. HEALTH CENTER
FILE No. 552-248

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 me

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Richard O. Emen
182
Licensed Embalmer No.

P. O. Address Corning, NY

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.