

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 1425 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 81

396

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>5 Days</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		d. STREET ADDRESS (If rural, give location) <b>906 College St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOZARK OSTEOPATHIC HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>Leason</b> b. (Middle) <b>Colleen</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH <b>Jan. 23, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Jan. 18, 1953</b>
9. AGE (In years last birthday) <b>4</b>		IF UNDER 1 YEAR: Months <b>4</b> Days <b>4</b> Hours <b>4</b> Min. <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X X X X X X</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X X X X X X</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John Benton Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Margret Irene Snider</b>	
14. NAME OF HUSBAND OR WIFE <b>X X X X X X X X</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Margret Davis, 906 College</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Aspiration Pneumonia</b>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration Pneumonia</b>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aspiration of Vomitus</b>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Partial Pyloric Stenosis</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7630</b>	
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 <b>1/18/53</b> , 19___, to <b>1/23/53</b> , 19___, that I last saw the deceased alive on <b>1/22/53</b> , 19___, and that death occurred at <b>4:45 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edward E. Wetzel, M.D.</b>		23b. ADDRESS <b>700 E. Sunshine, Springfield</b>	
23c. DATE SIGNED <b>1/23/53</b>		24. LOCATION (City, town, or county) (State) <b>Fordland, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/31/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>FORDLAND CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>FORDLAND, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-28-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. K. Ferrell</b>		ADDRESS <b>Fordland, Mo.</b>	

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 .....  
Student Embalmer

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland Me.

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.