

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41801

State File No.

BIRTH NO.		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>4358</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) <u>Unknown</u>		<u>2009</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u> b. (Middle) c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 12 1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>Dec. 22 1900</u>			
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 12 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Davis</u>			ADDRESS <u>St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding Stomach Ulcer</u> ANTECEDENT CAUSES DUE TO (b) <u>X</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>t</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>History of heavy wine drinking</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>5400</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Dec 4</u> , 1954, to <u>Dec 7</u> , 1954, that I last saw the deceased alive on <u>Dec 6</u> , 1954, and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. E. Jones M.D.</u>				23b. ADDRESS <u>Lilbourn Mo.</u>		23c. DATE SIGNED <u>Dec 16 '54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>			
DATE REC'D BY LOCAL HEALTH DEPT. <u>Dec 28 1954</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home - Lilbourn, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.482-0
1

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 *Homer L. Ponder*.....

Licensed Embalmer No. *336*

P. O. Address *Filbourn*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.