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

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15350

BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 4533 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wright City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN: Wright City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1090

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Louis
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): May 10 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 11 1922
9. AGE (In years last birthday): 33 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Station
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and State or Foreign Country): Denver Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: T.P. Davis III
13b. MOTHER'S MAIDEN NAME: Myrtle Weeks
14. NAME OF HUSBAND/OR WIFE: Marion Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 496-38-0919
17. INFORMANT'S SIGNATURE OR NAME: T.P. Davis Jr — ADDRESS: Wright City

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot of Carotid Artery

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) By a gun that wound
DUE TO (c) self inflicted in

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Right temple 9196 43

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): not determined
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wright City 109 Warren Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 10 1956 8 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: not determined

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr T.H. Knigge (Coroner)
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: May 10

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12 1956
24c. NAME OF CEMETERY OR CREMATORY: Wright City Cemetery
24d. LOCATION (City, town, or county) (State): Wright City MO

DATE REC'D BY LOCAL REG.: May 11, 1956
REGISTRAR'S SIGNATURE: Floyd A. Agan
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Nieburg Furn & Und Co Wright City

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1956

MAY 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Julius J. Pfeiburg

Licensed Embalmer No. 33

P. O. Address Wright C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.