

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **37711**

FILED DEC 15 1949

|   |  |   |  |  |   |  |   |
|---|--|---|--|--|---|--|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>155</b>   |  | PRIMARY REG. DIST. NO. <b>127</b>  |   | Registrar's No. <b>205</b>   |   |
| <b>1. PLACE OF DEATH</b>  |  |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission) |   |  |   |
| a. COUNTY<br><b>Jasper</b>  |  | b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Webb City</b>  |  | a. STATE<br><b>Missouri</b>  |   | b. COUNTY<br><b>Jasper</b>   |   |
| c. LENGTH OF STAY (In this place)<br><b>12 Hrs.</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Joplin</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>1523 1/2 Valley Avenue</b>                 |   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Jane Chinn Hospital</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>1523 1/2 Valley Avenue</b>                 |   |  |   |
| <b>3. NAME OF DECEASED</b>  |  |   | <b>4. DATE OF DEATH</b>  |  |   |  |   |
| a. (First)<br><b>Loretta</b>  | b. (Middle)<br><b>Kay</b>                |   | c. (Last)<br><b>DAVIS</b>  |  | Month<br><b>November</b>  | Day<br><b>28</b>   | Year<br><b>1949</b>                     |
| <b>5. SEX</b><br><b>Female</b>  | <b>6. COLOR OR RACE</b><br><b>W</b>      | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Never Married</b>   | <b>8. DATE OF BIRTH</b><br><b>November 27, 1949</b>                            |  | <b>9. AGE (In years last birthday)</b><br><b>12</b>                       | <b>10. MONTHS</b><br><b>20</b>   | <b>11. HOURS</b><br><b>12</b>           |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> |   | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Webb City, Missouri</b> |  |   | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.</b>   |   |
| <b>13a. FATHER'S NAME</b><br><b>Harley W. Davis</b>   |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Norma Jean Pravo</b>   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>J</b>   |   |  |   |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service)<br><b>No</b>   |  | <b>16. SOCIAL SECURITY NO.</b>  |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Harley Davis</b>                              |   |  |   |
|   |  |   |  | <b>ADDRESS</b><br><b>1523 1/2 Valley Joplin, Mo.</b>   |   |  |   |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>                     |  | <b>MEDICAL CERTIFICATION</b>  |  |  |   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |
|   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Death</b>   |  |  |   |  |   |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Premature Separation</b> |  |  |   |  | <b>2 days</b>                           |
|   |  | DUE TO (c) <b>Placenta</b>  |  |  |   |  |   |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                             |  |  |   |  | <b>7615</b>                             |
| <b>19a. DATE OF OPERATION</b><br><b>1</b>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  |  |   | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | <b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)</b>                                      |   |  |   |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)   |  | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | <b>21f. HOW DID INJURY OCCUR?</b>  |   |  |   |
| <b>22. I hereby certify that I attended the deceased from <b>Nov 27</b>, 1949, to <b>Nov 28</b>, 1949, that I last saw the deceased alive on <b>Nov 28</b>, 1949, and that death occurred at <b>11:15 A.M.</b>, from the causes and on the date stated above.</b> |  |   |  |  |   |  |   |
| <b>23a. SIGNATURE</b><br><i>J. Dawson</i>   |  |   | <b>23b. ADDRESS</b><br><b>Joplin Mo</b>  |  | <b>23c. DATE SIGNED</b><br><b>12-1-49</b>                                 |  |   |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>   |  | <b>24b. DATE</b><br><b>11-30-49</b>   | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Fairview Cem</b>               |  | <b>24d. LOCATION (City, town, or county) (State)</b><br><b>Joplin Mo.</b> |  |   |
| <b>DATE REC'D BY LOCAL REG.</b><br><b>DEC 3, 1949</b>   |  | <b>REGISTRAR'S SIGNATURE</b><br><i>R. C. Critchett</i>  |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><i>Thornhill-Wilson</i>                           |   |  |   |
|   |  |   |  | <b>ADDRESS</b><br><b>Joplin Mo</b>   |   |  |   |

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

RECEIVED 12-6-49  
Jasper County Health Office

County File Number 49-11-949

Date Filed 12-13-49

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Paula Rankie

Signed.....  
Student Embalmer

Licensed Embalmer No. 3790

P. O. Address Springer, Mo

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.