

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1951

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 200 Registrar's No. 459

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 6 mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 919 Jackson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
		d. STREET ADDRESS (If rural, give location) 919 Jackson	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Davis c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1951			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 8, 1874	9. AGE (In years last birthday) 77	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Palmer, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry C. Compton	13b. MOTHER'S MAIDEN NAME Elizabeth Gillian	14. NAME OF HUSBAND OR WIFE Mrs. Lottie Turner, 919 Jackson
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 Mrs. Lottie Turner, 919 Jackson

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured neck right femur DUE TO (c) Recumbent & Heart failure		5 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 weeks	
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION		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 7-4 1951, to 9-3, 1951, that I last saw the deceased alive on 9-2, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE Edward T. Smith, M.D.	(Degree of title)	23b. ADDRESS Joplin, Mo.	23c. DATE SIGNED 10-5-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-5-51	24c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery	24d. LOCATION (City, town, or county) (State) Frankclay, Missouri

DATE REC'D BY LOCAL REG. 10-8-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495

RECEIVED / 0 - 15 - 51
Wasper County Health Office

County File Number 51/10/229..

Date Filed 10 - 15 - 51

Dr R. Smith

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.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address gap line no

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.