

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 24

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett
d. STREET ADDRESS (If rural, give location) 604 4th. Street

3. NAME OF DECEASED
a. (First) Carl b. (Middle) Glenn c. (Last) Davis

4. DATE OF DEATH Feb. 7 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 23, 1915

9. AGE (In years last birthday) 37

IF UNDER 1 YEAR 9 Months 14 Days

IF UNDER 24 HRS. 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clark

10b. KIND OF BUSINESS OR INDUSTRY Postal Trans. Service

11. BIRTHPLACE (City and State or Foreign Country) Irby, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Burse M. Davis

13b. MOTHER'S MAIDEN NAME Gertie Ash

14. NAME OF HUSBAND OR WIFE Mildred Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2

16. SOCIAL SECURITY NO. 487-05-0277

17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Davis ADDRESS Monett, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cord injury - cervical
ANTECEDENT CAUSES
DUE TO (b) Fracture Vertebrae C4,5,6 vertebra D 8
DUE TO (c) Motor Accident approx 7PM Feb 6, 53
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sensory paralysis below clavicles. Cerebral contusion

INTERVAL BETWEEN ONSET AND DEATH 26 hrs. +
26 hrs. +
Feb 6, 53

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Suroxie Mo. Jasper Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 6 1953 7P

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? motorist struck by wheel

22. I hereby certify that I attended the deceased from Feb 6, 1953 to Feb 7, 1953 that I last saw the deceased alive on Feb 7, 1953 and that death occurred at 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Emery J. Hinton, M.D.

23b. ADDRESS Carthage

23c. DATE SIGNED Feb 10, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 10, 1953

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State) Monett, Missouri

DATE REC'D BY LOCAL REG. 2-10-53

REGISTRAR'S SIGNATURE L. B. Blunt, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MERCER FUNERAL HOME Monett, Mo.

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

FILED FEB 20 1953

RECEIVED 2-19-53
Jasper County Health Office

County File Number E2/2/177

Date Filed 2-19-53

MAR 27 1953

MAR 22 1953

FEB 25 1953

MAR 6 1953

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Missouri

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.