

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">JASPER</p>		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) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) ALBA	
c. LENGTH OF STAY (In this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) <p style="text-align: right;">0490 1</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ELI		b. (Middle)		c. (Last) DAVIS		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 6, 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JANUARY 9, 1891	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 0 Days 27		IF UNDER 12 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) ORONOGO, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER RETIRED		10b. KIND OF BUSINESS OR INDUSTRY LEAD AND ZINC		12. CITIZEN OF WHAT COUNTRY? MISSOURI			

13a. FATHER'S NAME ELIJA D VIVS		13b. MOTHER'S MAIDEN NAME MARGARET WELCH		14. NAME OF HUSBAND OR WIFE DORSIE DAVIS	
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. 00-09-0955		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS DORSIE DAVIS, JOPLIN, MISSOURI	

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	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Typhemia</u>		ANTECEDENT CAUSES <u>intestinal & gastric obstruction & pneumonia</u>				10 weeks	
DUE TO (b)		DUE TO (c)				10 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cachexia</u>							

19a. DATE OF OPERATION 12-15-53		19b. MAJOR FINDINGS OF OPERATION 12-15-53 - <u>liver enlarged</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
2-4-54		2-4-54 <u>gastric & jejunal obstruction</u>		5905	
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 1-30, 1954, to 2-6, 1954, that I last saw the deceased alive on 2-5, 1954, and that death occurred at 12:40 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Edward T Smith M.D.</u>		23b. ADDRESS <u>Friend Alley, Joplin, Missouri</u>		23c. DATE SIGNED <u>2-10-54</u>	
--	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>2-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETERY		24d. LOCATION (City, town, or county) (State) PURCELL, MISSOURI	
---	--	----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>2-13-54</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u>		138		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS WEBB CITY, MO.	
--	--	---	--	-----	--	--	--	---------------------------	--

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

MAR 2 1954

FEB 16 1954

RECEIVED

Jasper County Health Office

County File Number 54-2-126

Date Filed FEB 16 1954

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 [Signature]

Licensed Embalmer No. 40561

P. O. Address Wibb City, 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.