No. 300
10.48

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

FILED MAR 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9146

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
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): 613 Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper 3493
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0
d. STREET ADDRESS (If rural, give location): 613 Cedar

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

4. DATE OF DEATH (Month) (Day) (Year): 3-6-1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 7-30-1887
9. AGE (In years last birthday): 66 — 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): Retd.
10b. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (City and State or Foreign Country): Springfield, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Davis
13b. MOTHER'S MAIDEN NAME: Mary Suttle
14. NAME OF HUSBAND OR WIFE: Etta Friend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: Etta Friend **ADDRESS**: Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Chronic with — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) bronchiectasis and
DUE TO (c) pulmonary fibrosis — 10yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Blind

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 5021
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 4, 1947, *to* Mar 6, 1954, *that I last saw the deceased alive on* Mar 1, 1954, *and that death occurred at* 3:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: George H. Wood **(Degree or title)**: MD
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 3/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-9-1954
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 3-9-54
REGISTRAR'S SIGNATURE: Floyd B. Clinton MD 137-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Ulmer

RECEIVED MAR 1 7 195
Jasper County Health Office
County File Number 54-3-21
Date Filed MAR 1 7 195

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 William B. Cantrell

Licensed Embalmer No. 5 8 20

P. O. Address Carthage, 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.