

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41414

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 592

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin Rt. 1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 Yrs.</u>		STREET ADDRESS (If rural, give location) <u>801 Katherine St. 0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mamie</u>	b. (Middle) <u>Ethel</u>	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 29, 1905</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee of Joplin</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Webb City, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Ireland</u>	14. NAME OF HUSBAND OR WIFE <u>Torrest Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Torrest Davis, Rt. Joplin, Mo.</u>	ADDRESS _____
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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) <u>acute myocardial failure</u>			1 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial decompensation</u>			
DUE TO (c) <u>mediastinal carcinoma & carcinoma-Sept. 54</u>		July - 54		
II. OTHER SIGNIFICANT CONDITIONS <u>atosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>traumatic hemathorax</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>104X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from Mar. _____, 1953, to 12-11-____, 1954, that I last saw the deceased alive on 12-11-54, 19____, and that death occurred at 10:49 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED <u>12-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-18-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
DEC 10 1955

DEC 10 1955

DEC 18 1955

DEC 20 1955

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.....
Signature of Student Embalmer

Signed *Harvey E. Bruce*

Licensed Embalmer No. *446*

P. O. Address *Wp City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.