

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41478

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5589</u>		Registrar's No. <u>253</u>	
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 OR TOWN <u>Union Twp.</u> )		c. LENGTH OF STAY (In this place) <u>Accident</u>		c. CITY OR TOWN <u>Carthage</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy. 166, 2 mi. E. of Hy, 71</u>				STREET ADDRESS (If rural, give location) <u>407 W. Oak</u> <span style="float: right;"><u>0493</u></span>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carl</u>		b. (Middle) <u>Milton</u>		c. (Last) <u>Davis</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>22</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-24-1913</u>		9. AGE (In years birthday) <u>41</u>	
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cheese Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cheese Plant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clearmore, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Finis Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Verna</u>		14. NAME OF HUSBAND OR WIFE <u>Darlene Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Darlene Davis, Carthage, Mo.</u>			
CAUSE OF DEATH. (Enter only one cause per line for (a), (b), and (c). If (a) does not mean the cause 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>Injuries Multiple Extreme</u>				<u>Instantaneous</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>1 Compound Fracture Left Femur</u>					
		DUE TO (c) <u>2 Fracture Simple Left Humerus</u>					
		<u>3 Fracture Lumbar Spine</u>					
		<u>4 Crush Injury Face and Skull</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Hwy #166</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Union</u> (COUNTY) <u>Jasper</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-22-54 5:30 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Attempting to pass truck at excessive speed and struck abutment of bridge</u>			
22. I hereby certify that I attended the deceased from <u>DD NOT ATTEND</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. W. Lusk, M.D., Coroner Jasper County</u>				23b. ADDRESS <u>First Nat'l Bldg. Joplin Mo.</u>		23c. DATE SIGNED <u>12-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>_____ Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-28-54</u>		REGISTRAR'S SIGNATURE <u>Edw. Clinton</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48490  
3

JAN 18 1955

JAN 2 1955

JAN 2 - 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 *William Blentz*.....

Licensed Embalmer No. *48*.....

P. O. Address *Bothay*.....

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.