

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33740**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 452	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (In this place) 6 years		c. CITY OR TOWN Joplin		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 214 1/2 East 5th St				STREET ADDRESS (If rural, give location) 214 1/2 E. 5th Street			
3. NAME OF DECEASED (Type or Print) Roland		a. (First) Tobias		b. (Middle) Davis		c. (Last)	
4. DATE OF DEATH 11-4-1955		(Month) 11		(Day) 4		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb 23, 1907	
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months 4 Days 8		IF UNDER 24 HRS. Hours 4 Min. 8		11. BIRTHPLACE (City and State or Foreign Country) Shownee, Okla.	
10. MAJOR OCCUPATION (City and State of work during part of working life, even if retired) Brakeman				10b. KIND OF BUSINESS OR INDUSTRY Railroad		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Arthur Davis		13b. FATHER'S MOTHER'S NAME Bertie Stapp		14. NAME OF HUSBAND OR WIFE Grace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 444-10-727		17. INFORMANT'S SIGNATURE OR NAME Grace Davis ADDRESS 214 1/2 E 5th Joplin Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver.				INTERVAL BETWEEN ONSET AND DEATH 12 mos	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 10-19-55 , 19 to 11-4-55 , 19 , that I last saw the deceased alive on 11-3-55 , 19 , and that death occurred at 9.05 pm , from the causes and on the date stated above.							
23a. SIGNATURE L.O. Chapman (Degree or title) M.D.				23b. ADDRESS Joplin, Missouri		23c. DATE SIGNED 11-5-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-5-1955		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 11-7-55		REGISTRAR'S SIGNATURE Jasper		25. FUNERAL DIRECTOR'S SIGNATURE Salisto Thompson - Bellon		ADDRESS Joplin Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 14 1955
Jasper County Health Office

County File Number 55-11-768
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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 David DeLeon

Licensed Embalmer No. 3890

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.