

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38432**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>528</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>Newton</u>			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>28 yrs.</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>42nd & Connecticut</u>				STREET ADDRESS (If rural, give location) <u>42nd & Connecticut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>		b. (Middle) <u>ELLA</u>		c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 18, 1879</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Franklin Morgan</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Morris</u>			14. NAME OF HUSBAND OR WIFE <u>Ralph Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Davis</u>		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory Failure</u>				<u>5 min.</u>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>				<u>2 or 3 yrs</u>	
		DUE TO (c) <u>Arteriosclerosis</u>				<u>Unknown</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 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) _____		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 <u>8-9</u> , 19 <u>50</u> , to <u>11-19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-10</u> , 19 <u>56</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O. J. Gregory D.O.</u> (Degree or title)				23b. ADDRESS <u>624 W. Broadway, Webb City, Mo</u>		23c. DATE SIGNED <u>11/20/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-3-56</u>		REGISTRAR'S SIGNATURE <u>Steve Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 56-15-969
Date Filed DEC 1969
Mortuary Office

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 F. M. Jones

Licensed Embalmer No. 2319

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