Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021881
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 307

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.John's Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 527 S. Hall St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First BRITT Middle EDWARD Last DAVIS

4. DATE OF DEATH Month May Day 24, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec.9, 1907
9. AGE (In years last birthday) 51 — 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) Battery Repair
10b. KIND OF BUSINESS OR INDUSTRY Repair
11. BIRTHPLACE (City and state or country) Slater, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Issac A. Davis
13b. MOTHER'S MAIDEN NAME Rosie Clark
14. NAME OF HUSBAND OR WIFE Gertrude E. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 489-24-9590
17. INFORMANT Address Gertrude E. Davis, Webb City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage for Circle
DUE TO (b) Weeks arteriosclerosis generalized
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 5 Days unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/23/59, to 5/24/59 and last saw him alive on 5/24/59
Death occurred at 2:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 2125 Jackson, Joplin, Mo.
22c. DATE SIGNED 6/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/26/59
23c. NAME OF CEMETERY OR CREMATORY Maple Park
23d. LOCATION (City, town, or county) Springfield, (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Ralph Thieme Spgfield Mo
25. DATE RECD. BY LOCAL REG. 6-24-1959
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert C. Koller

Licensed Embalmer No. 5062

P. O. Address Fayette, 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.