RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032757

STATE FILE NUMBER

FILED VS OCT 13 1959 56

Registration District No. 56 Primary Registration District No. 2001 Registrar's No. 472

1. PLACE OF DEATH a. COUNTY: JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOPLIN — Length of stay in 1b: ALWAYS	c. CITY OR TOWN: JOPLIN — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 13TH & ROOSEVELT — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 615 W. 17TH ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: JACK	Middle: EUGENE	Last: DAVIS	4. DATE OF DEATH: Month SEPT. Day 26, Year 1959
5. SEX: M	6. COLOR OR RACE: W	7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐	8. DATE OF BIRTH: 3-20-1943	9. AGE (last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT	10b. KIND OF BUSINESS OR INDUSTRY: JOPLIN HIGH SCHOOL	11. BIRTHPLACE (City and state or country): JOPLIN, MO.	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: CARL J. DAVIS	13b. MOTHER'S MAIDEN NAME: DELORES BYBEE	14. NAME OF HUSBAND OR WIFE: ------		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: CARL J. DAVIS, Address: 615 W. 17TH ST.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): INJURIES MULTIPLE EXTREME. ALMOST INSTANT.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): 1. LACERATION SEVERE NECK SEVERING BOTH COMMON CAROTIDS

DUE TO (c): 2. COMPOUND FRACT. BOTH BONES LT. FOREARMS 3. COMPOUND FRAC LT FEMUR 4 COMPD FRACT LT TIBIA

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ QUESTIONABLE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMOCIDE. CORONERS JURY VERDICT - STRUCK BY ANOTHER CAR AT 13TH + ROOSEVELT DUE TO EXCESSIVE SPEED - OPEN VERDICT

20c. TIME OF INJURY: 5:40 Hour a.m. p.m. Month, Day, Year: 9-26-59

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.): WEST 13TH ST. JOPLIN MO.

20f. CITY, TOWN, OR LOCATION: JOPLIN — COUNTY: JASPER — STATE: MO.

21. I attended the deceased from (DID NOT ATTEND) and last saw her/him alive on

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wesley Mills Coroner Jasper County	22b. ADDRESS: Med. Arts Bldg. Joplin Mo	22c. DATE SIGNED: 9/30/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 9-29-59	23c. NAME OF CEMETERY OR CREMATORY: OSBORNE MEMORIAL,	23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG.: 10-6-1959	26. REGISTRAR'S SIGNATURE: Dovie Merriam	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones

Signature of Student Embalmer

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 com 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.