

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009377

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 148

STATE FILE NUMBER

FILED APR 5 1961

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in b. Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Freeman Hospital		d. STREET ADDRESS (If outside, give location) 311 1/2 Main Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ROY L. DAVIS	4. DATE OF DEATH Month March Day 28 Year 1961
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator	10b. KIND OF BUSINESS OR INDUSTRY El Paso Hotel	11. BIRTHPLACE (City and state or country) Jasper, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Sam Davis	13b. MOTHER'S MAIDEN NAME Alta Griffin	14. NAME OF HUSBAND OR WIFE Ethel Davis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Ethel Davis, 311 1/2 Main Street
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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 30 min.
IMMEDIATE CAUSE (a) Diabetic Coma		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Discontinued insulin	
DUE TO (c)		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 3 a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Joplin, Mo.	COUNTY Jasper	STATE Missouri
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21. I attended the deceased from did not attend , to _____ and last saw her him alive on _____ Death occurred at 3 am on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Kendall Faber	22b. ADDRESS 508 Frisco Bldg. Joplin, Mo.	22c. DATE SIGNED 3-28-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-1-61	23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery,	23d. LOCATION (City, town, or county) Jasper, Missouri	(State)
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI	25. DATE RECD. BY LOCAL REG. 3-29-1961	26. REGISTRAR'S SIGNATURE Dorice Merriam
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STATE REGISTERED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.

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 Harvey C. Bruce

Licensed Embalmer No. 4463

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.