

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035158

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 503

FILED OCT 15 1962

VS 300  
Rev. 4/59  
  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JASPER</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>JOPLIN</u>   |   | Length of stay in lb<br><u>49 years</u>  | c. CITY OR TOWN <u>JOPLIN</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>2419 MANITOU</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>2419 MANITOU</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |
| 3. NAME OF DECEASED First Middle Last<br><u>LESTER ARTHUR DAVIS</u>  |   |  | 4. DATE OF DEATH<br>Month <u>OCTOBER</u> Day <u>7</u> Year <u>1962</u>   |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2-21-1891</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>SMELTER WORKER</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>LEAD SMELTER</u>   | 9. AGE (last birthday)<br><u>71</u>  |
| 11. BIRTHPLACE (City and state or country)<br><u>BUTLER, MISSOURI</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>LEWIS WALSTON DAVIS</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>EMMA</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>PEARL DAVIS</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>   | 17. INFORMANT<br><u>MRS. PEARL DAVIS 2419 MANITOU, JOPLIN</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 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 <u>Sept 62</u> to <u>Oct 62</u> and last saw <u>her</u> him alive on <u>Oct 62</u> .<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.                                    |   |  |  |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)   |   | 22b. ADDRESS<br><u>Joplin Mo</u>   | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   | 23b. DATE<br><u>10-9-62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>OZARK MEMORIAL</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>JOPLIN JASPER MISSOURI</u>   |
| 24. FUNERAL DIRECTOR<br><u>HURLBUT-GLOVER MORTUARY, JOPLIN, MO</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-9-1962</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Dove Merriam</u>   |

**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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wells City, 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.