

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37683

State File No.

| | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>514</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>Jasper</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. LENGTH OF STAY (in this place) <u>49 Yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>721 Byers</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u> | | | b. (Middle) <u>L.</u> | | c. (Last) <u>Davis</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22, 1949</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>July 16, 1873</u> | | 9. AGE (10 years last birthday) IF UNDER 1 YEAR (Month) (Day) IF UNDER 1 HR. (Hour) (Min.) <u>76</u> <u>4</u> <u>6</u> | |
| 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>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Baxter Springs, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>N. L. Bowers</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ann Downey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward M. Davis, Dec'd</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. Janet Bowers, 721 Byers Joplin, Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Chronic Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hypertension</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>153X</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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>Oct 15, 1949</u> , to <u>Nov 22, 1949</u> , that I last saw the deceased alive on <u>Nov 22, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. J. Schulte</u> | | | (Degree or title) <u>0</u> | | 23b. ADDRESS <u>Duesin Bldg. Joplin Mo</u> | | 23c. DATE SIGNED <u>11-26-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-25-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-28-49</u> | | REGISTRAR'S SIGNATURE <u>E. J. James</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shambles - Nelson Mortuary Joplin, Mo</u> | | ADDRESS | |

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

49
2
5

Schulte

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED 12-5-49
Jasper County Health Office

County File Number 49-11-924

Date Filed 12-5-49

JAN 10 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Cecil A. Shanklin

Signed.....
Student Embalmer

Licensed Embalmer No. 3590

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 this body is not embalmed, fact should be so stated above.