

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30936

5844 State File No.

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5844 Registrar's No. 16

0730

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

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL (Seneca)		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - SENECA	
c. LENGTH OF STAY (in this place) 4 YRS		d. STREET ADDRESS (If rural, give location) EAST of SENECA	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEOSHORE # 3			

3. NAME OF DECEASED a. (First) Hugh b. (Middle) E c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) AUG 31 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC 14, 1879		9. AGE (In years last birthday) 71		10. BIRTHPLACE (State or foreign country) TENNESSE 1	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEANER		12. KIND OF BUSINESS OR INDUSTRY CLEANING		13. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME GEORGE E. DAVIS		13b. MOTHER'S MAIDEN NAME MARY R. SUTTLE		14. NAME OF HUSBAND OR WIFE EVA DAVIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME EVA DAVIS ADDRESS NEOSHO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
*This does not mean the mode of dying, such as heart failure; asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) T.B. Pulmonary					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Liver Degeneration					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 002 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **7-8**, 19**51**, to **8-31**, 19**51**, that I last saw the deceased alive on **8-29-51**, and that death occurred at **6:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J.P. Morgan (Degree or title)		23b. ADDRESS 202 3014 Main Joplin		23c. DATE SIGNED 9-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT 4, 1951		24c. NAME OF CEMETERY OR CREMATORY G.A.R. CEMETERY	
24d. LOCATION (City, town, or county) (State) MIAMI OKLA		25. FUNERAL DIRECTOR'S SIGNATURE W. HURLOT GLOVER		ADDRESS Joplin	
DATE REC'D BY LOCAL REG. 9-3-51		REGISTRAR'S SIGNATURE by J.P. Morgan		25. FUNERAL DIRECTOR'S SIGNATURE W. HURLOT GLOVER	

RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 957-387

Date Filed September 12, 1957

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4543

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.