

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16952

State File No. _____

FILED JUN 7 1952 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 2367

495

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 626 PEARL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) DEMERCE	b. (Middle)	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 10, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER - TRANSFUSION CO. TRANSPORTATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES S. MARLATT	13b. MOTHER'S MAIDEN NAME MARY E. HOUSTON	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME BEROLLA THOMPSON	ADDRESS Joplin
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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) Carcinoma thyroid		INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases to mediastinum + lymph glands (cervical)		
	DUE TO (c)		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-27-52**, 19**52**, to **5-27-52**, 19**52**, that I last saw the deceased alive on **5/27/52**, 19**52**, and that death occurred at **7:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Howard M.D.	23b. ADDRESS Fusco Bldg. Joplin Mo.	23c. DATE SIGNED 5/29/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) CO. R. A. L.	24b. DATE MAY 29/52	24c. NAME OF CEMETERY OR CREMATORY OZARK MEADOW PARK	24d. LOCATION (City, town, or county) (State) Joplin Mo
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DATE REC'D BY LOCAL REG. 5-29-52	REGISTRAR'S SIGNATURE Ed. J. James 138	25. FUNERAL DIRECTOR'S SIGNATURE HULLBOT-GLOBE	ADDRESS Joplin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Howard

RECEIVED 6-4-52
Jasper County Health Office

County File Number 52/6/425

Date Filed 6-4-52

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 _____

Paul Glover

Licensed Embalmer No. 4593

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.