No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24862

FILED AUG 6 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 121

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): 11yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1101 West Austin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
d. STREET ADDRESS (If rural, give location): 1101 West Austin

0472

3. NAME OF DECEASED (Type or Print)
a. (First): DAVIS
b. (Middle): W.
c. (Last): READSHAW

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6, 1872
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 1 Days 19
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker Retired
10b. KIND OF BUSINESS OR INDUSTRY: Boilers
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles W. Readshaw
13b. MOTHER'S MAIDEN NAME: Mary A. Grimmett
14. NAME OF HUSBAND OR WIFE: Myrtie Readshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Robert Readshaw
ADDRESS: Purcell, Missouri

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Epithelioma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 x H
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 1952 *to* 7-25, 1952, *that I last saw the deceased alive on* 10:00 P. 1952 *and that death occurred at* 10:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. W. Forbes (Degree or title) D.O.
23b. ADDRESS: Carterville, Missouri
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Mrs. Madeline Dwyer
25. FUNERAL DIRECTOR'S SIGNATURE: Hedge Lewis
ADDRESS: Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-4-52
Jasper County Health Office
County File Number 52/[redacted] 609
Date Filed 8-4-52

AUG 14 1952

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 Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb 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 this body is not embalmed, fact should be so stated above.