

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1955

State File No. 12368

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 72

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jasper |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Carthage | c. LENGTH OF STAY (in this place)<br>1 day | c. CITY OR TOWN Carthage   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brooks Hosp.                             |  | STREET ADDRESS (If rural, give location)<br>118 N. Garrison  |  |

|  |                     |                 |                  |          |             |
|--|---------------------|-----------------|------------------|----------|-------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                     |                 | 4. DATE OF DEATH |          |             |
| a. (First) Mildred                     | b. (Middle) Darlene | c. (Last) Davis | (Month) 4        | (Day) 21 | (Year) 1955 |

|               |                        |  |                           |                                    |                        |                        |      |
|---------------|------------------------|--|---------------------------|------------------------------------|------------------------|------------------------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 5-9-1932 | 9. AGE (In years last birthday) 22 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|---------------|------------------------|--|---------------------------|------------------------------------|------------------------|------------------------|------|

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Everton, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|---|----------------------------------|

|                                   |  |  |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME Don C. Simmons | 13b. MOTHER'S MAIDEN NAME Lillian May Mead | 14. NAME OF HUSBAND OR WIFE Carl Davis |
|-----------------------------------|--|--|

|   |                         |   |  |
|---|-------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Don C. Simmons Reeds, Missouri |  |
|---|-------------------------|---|--|

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br>30 hrs. |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   | Parturition (Pregnancy) Acute  |  |   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES  |  |   |
|  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |   |
|  | 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<br>E9702 | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE                     | 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 <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 4-20-1955, to 4-21-1955, that I last saw the deceased alive on 4-21-1955, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

|                                   |                         |                  |
|-----------------------------------|-------------------------|------------------|
| 23a. SIGNATURE (Legible or title) | 23b. ADDRESS            | 23c. DATE SIGNED |
| [Signature]                       | 304 Grant Carthage, Mo. | 4-21-55          |

|  |                     |   |   |
|--|---------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-24-1955 | 24c. NAME OF CEMETERY OR CREMATORY Hampton Cemetery | 24d. LOCATION (City, town, or county) (State) Everton, Missouri |
|--|---------------------|---|---|

|                                  |  |  |
|----------------------------------|--|--|
| DATE REC'D BY LOCAL REG. 4-22-55 | REGISTRAR'S SIGNATURE E. J. Clinton 1390 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Ulmer Funeral Home Carthage, Mo. |
|----------------------------------|--|--|

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

County of ...  
Date Filed MAY 4 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William B. Cantel*.....

Licensed Embalmer No. *48*  
P. O. Address *Bartholomew*.....

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.