

No. 300  
10. 48

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26660

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jonlin		c. CITY OR TOWN Joplin	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 723 Jackson		e. STREET ADDRESS (If rural, give location) 723 Jackson	

3. NAME OF DECEASED (Type or Print)	a. (First) Gertrude	b. (Middle)	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) Sept 1 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Mar 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Rooming House	10b. KIND OF BUSINESS OR INDUSTRY Housing	11. BIRTHPLACE (City and State or Foreign Country) Joplin County Va.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Davis	13b. MOTHER'S MAIDEN NAME Mary E. Martin	14. NAME OF HUSBAND OR WIFE Ncne
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walker Davis Southwest City
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis.		2 yrs.
	ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) 443X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs.

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 Nov. 1953, to Sept. 1955, that I last saw the deceased alive on Sept. 1, 1955, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Royd D. Pritchard M.D.	23b. ADDRESS 607 Frisco Bldg., Joplin, Missouri	23c. DATE SIGNED 9-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 4 55	24c. NAME OF CEMETERY OR CREMATORY Lee Cemetery	24d. LOCATION (City, town, or county) (State) Joplin County, Mo.
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DATE REC'D BY LOCAL REG. 9-3-55	REGISTRAR'S SIGNATURE by Orlan James	25. FUNERAL DIRECTOR'S SIGNATURE (Address) Joplin
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(Licensed Embalmer's Statement on Reverse Side)

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

County File No. \_\_\_\_\_  
Date Filed \_\_\_\_\_  
**SEP 12 1955**

**JAN 31 1956**

**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.....  
*Paul J. [Signature]*

Licensed Embalmer No. *45*

P. O. Address.....  
*Joplin*

**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.**