FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33805

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mineral Township
c. LENGTH OF STAY (in this place): 2 yr 8 mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jasper County Tuberculosis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 3 96
d. STREET ADDRESS (If rural, give location): 1614 Benton Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Carrell b. (Middle) Wesley c. (Last) Davis

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 27, 1885
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Norman Davis
13b. MOTHER'S MAIDEN NAME: ? Tadlock
14. NAME OF HUSBAND OR WIFE:

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: Geo. H. Hobler, M.D. ADDRESS:

MEDICAL CERTIFICATION

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) Probable T.B. Hemiplegia — 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) Pulmonary Silico T.B.
DUE TO (c) 001X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* July 1, 1955, *to* Oct. 6, 1955, *that I last saw the deceased alive on* Oct 6, 1955, *and that death occurred at* 11:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Hobler, M.D.
23b. ADDRESS: Jasper Co. T.B. Hosp.
23c. DATE SIGNED: Oct. 10, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/8/1955
24c. NAME OF CEMETERY OR CREMATORY: HAZELWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): SPRINGFIELD MO

DATE REC'D BY LOCAL REG.: 10-10-55
REGISTRAR'S SIGNATURE: 474-C Mrs. Madeline Switzer
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: KLINGER FUNERAL HOME SPRINGFIELD MO

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Troy Lew

Licensed Embalmer No. H4005

P. O. Address West City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.