

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029399  
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. H19

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>JOPLIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>JOPLIN 6495</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1801 CONN</b>		d. STREET ADDRESS (If outside, give location) <b>1801 CONNECTICUT</b>	
Length of stay in 1b <b>50 YRS.</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>CLAUDE RAYMOND DAVIS</b>			4. DATE OF DEATH Month Day Year <b>AUG 25 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 5, 1896</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOCK FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRUCKING</b>	11. BIRTHPLACE (City and state or country) <b>HOWELL CO., MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>EDWARD E. DAVIS</b>		13b. MOTHER'S MAIDEN NAME <b>MAUDE MEFFORD</b>		14. NAME OF HUSBAND OR WIFE <b>CLARA DAVIS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W. W. I.</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>CLARA DAVIS JOPLIN, MO</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE FATAL</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 HOURS</b> <i>APPROXIMATELY</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>HAD BEEN TREATED AT STATE HOSPITAL NEVADA MO. FOR DEMENTIA</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>331X</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Woodward</i>	22b. ADDRESS <i>Med into Betty Joplin mo</i>	22c. DATE SIGNED <b>8-27-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>AUG 28, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN MO.</b>
24. FUNERAL DIRECTOR <i>Hurlbut Glover Joplin</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-29-1958</b>	26. REGISTRAR'S SIGNATURE <i>Worce Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
 All diseases in Part I must be causally related.

SEP 2 1958

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 *Dale Glover* .....

Licensed Embalmer No. *4593* .....

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.