

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

348

BIRTH NO.		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>22</u>
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> 0123		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u> 0		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>203 South Woodrow.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Doctor's Hospt..</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u>		b. (Middle) <u>O. (Jack)</u>		c. (Last) <u>DAVENPORT</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1950</u>				
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 11, 1882</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Day Hours Min. <u>67</u> 4 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Hendrickson, Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>Louis Davenport</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy White</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Davenport</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Davenport // Poplar Bluff, Mo.</u>
18. NO. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)		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 <u>1-5, 1950</u> , to <u>1-5, 1950</u> , that I last saw the deceased alive on <u>1-5, 1950</u> , and that death occurred at <u>4:15 P.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Fred Biggs</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>1-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Black River Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Butler Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Jan 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK-COTRELL..... Poplar Bluff, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Dr. Fred Biggs.No. 300
10-48

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

150-23

JAN 16 1967

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 George R. Keefer

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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.