

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 377776

0650

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

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>82</u>			
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mercer Princeton</u>		c. LENGTH OF STAY (In this place) <u>11 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mercer</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lambert Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Obie</u> b. (Middle) <u>F.</u> c. (Last) <u>Davenport</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-50</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-27-1885</u>			
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 YRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work outside home or work in life, year if retired) <u>retired mail carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mercer Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jothan H. Davenport</u>			13b. MOTHER'S MAIDEN NAME <u>Alice J. Warden</u>			14. NAME OF HUSBAND OR WIFE <u>Constance 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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Constance Davenport Mercer, Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>9:10 5</u> <u>46</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia and shock right</u> <u>Comminuted compound fracture femur</u>					<u>2 hours</u> <u>2 hours</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mercer Mercer 065 Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-25-50 4 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>A saw fell from passing truck striking victim.</u>					
22. I hereby certify that I attended the deceased from <u>11-25</u> , 19 <u>50</u> , to <u>11-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-25</u> , 19 <u>50</u> , and that death occurred at <u>6:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. J. Pitt</u>				23b. ADDRESS <u>Princeton Missouri</u>		23c. DATE SIGNED <u>11-27-50</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>		24b. DATE <u>11-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-28-50</u>		REGISTRAR'S SIGNATURE <u>M. J. Pitt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Noel Moss Princeton, Mo</u>					

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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 me

working under my personal supervision.

Student Embalmer No. ....

Signed

Paul J. Mess

Signed.....  
Student Embalmer

Licensed Embalmer No. 2634

P. O. Address Funerary Inc

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.