

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4088

State File No.

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4074 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. (month).) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Ridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Ridge</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Oak Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Ridge</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Juda</u> b. (Middle) <u>Dauline</u> c. (Last) <u>Davenport</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1951</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 19-1873</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>5 28</u>	
10a. USUAL OCCUPATION (His kind of work during most of working life, except retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Phillip</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Nickman</u>	
14. NAME OF HUSBAND OR WIFE <u>John H. Davenport</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>John H. Davenport</u>		17. ADDRESS <u>Oak Ridge</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart - Block</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lung affected slightly by Emphysema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4.201</u>	
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>1942</u> to <u>2-17</u> , 1951, that I last saw the deceased alive on <u>2-15</u> , 1951, and that death occurred at <u>1-15</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. D. Blylock M.D.</u>		23b. ADDRESS <u>Oak Ridge Mo</u>		23c. DATE SIGNED <u>2-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 19-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Oak Ridge Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neuberg-Hard Jackson</u>		25. ADDRESS	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE A. G. Lester 43

(Licensed Embalmer's Statement on Reverse Side)

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

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Mo.

RECEIVED

FEB 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Signed B. O. Laird.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4538.....

P. O. Address Jackson 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.