No. 300
10.48

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30860

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 6 '51

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brumley Route 2
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brumley Route 2 0667
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lucinda
b. (Middle): Emaline
c. (Last): Davenport

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 7, 1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri D
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Alexander
13b. MOTHER'S MAIDEN NAME: Unkown
14. NAME OF HUSBAND OR WIFE: Thomas A. Davenport

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Joe Davenport — ADDRESS: Brumley, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 60 Days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis — 10 yrs.
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: 4222
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* June, 1951, *to* Aug 29, 1951, *that I last saw the deceased alive on* Aug. 25, 1951, *and that death occurred at* 4:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Humphreys, D.O.
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 9-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial D
24b. DATE: 8/30/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Union Cemetery
24d. LOCATION (City, town, or County) (State): Miller Mo.

DATE REC'D BY LOCAL REG.: Sept. 12, 1951
REGISTRAR'S SIGNATURE: Mrs C R Hawkins 193
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P Hedges — ADDRESS: Iberia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 1 1951
MILLER COUNTY HEALTH
DEPARTMENT

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 Frank R. Amalong

Licensed Embalmer No. 4832

P. O. Address Eldorado, 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.