

FILED DEC 22 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hanss 41270
State File No. 1078

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1078

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (In this place) 4 Yrs.		d. STREET ADDRESS (If rural, give location) 1220 E. Portland	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Burge Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) A. c. (Last) Davenport			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct, 29	9. AGE (In years last birthday) 44 # UNDER 1 YEAR Months Days # UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (State or foreign country) Point Pleasant, Ky.	
13a. FATHER'S NAME (?) Millon			13b. MOTHER'S MAIDEN NAME Rellia Cox		14. NAME OF HUSBAND OR WIFE Mary Davenport

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Davenport Spfld, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 30 min	

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)		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 <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 **9-22-48**, 19___, to **12-12-51**, 19___, that I last saw the deceased alive on **12-12-51**, 19___, and that death occurred at **1:45 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Dr. Hanss M.D. (Degree or title)		23b. ADDRESS Medical Arts Bldg., Springfield		23c. DATE SIGNED 12-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/23/51		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
24d. LOCATION (City, town, or county) (State) Cincinnati, Ohio		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer ADDRESS Springfield, Mo.			
DATE REC'D BY LOCAL REG. 2/22/51		REGISTRAR'S SIGNATURE Edith Williams Registrar			

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 1 1960

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 Gene Schmeidt
Licensed Embalmer No. 4734

P. O. Address Spokane, 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.