

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

424

State File No. ....

FILED JAN 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 3

2143  
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1. PLACE OF DEATH a. COUNTY <u>Callaway.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Kieller</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Vulton</u>	c. LENGTH OF STAY (In this place) <u>2 M. 23 D.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0661 Eldon.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1.</u>		d. STREET ADDRESS (If rural, give location) <u>410 N. MAPLE ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED.</u>	b. (Middle)	c. (Last) <u>DAVENPORT.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 1952</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 25 - 1978</u>	9. AGE (In years last birthday) <u>73.</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Hours <u>13</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Trainer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Abe Davenport.</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Kieller.</u>	14. NAME OF HUSBAND OR WIFE <u>D. K.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Vulton Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility with</u>		
	ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile dementia</u> DUE TO (c) <u>Hypostatic Pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 11-13, 1952 to 1-5-52, that I last saw the deceased alive on 1-8-52, 1952, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. R. Hunter MD by P. Buayo MD</u>	23b. ADDRESS <u>Vulton Mo.</u>	23c. DATE SIGNED <u>1-8-52.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELDON-</u>	24d. LOCATION (City, town, or county) (State) <u>ELDON- MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 8 - 1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kaye</u>	ADDRESS <u>ELDON MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Keith M. Kays  
Licensed Embalmer No. 13998  
P. O. Address Eldon 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.