

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28789

State File No. _____

FILED SEP 2-1952

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>5790</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island Twp.</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island Twp. 09/10</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. S.E. of East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. S.E. of East Prairie</u>		3. NAME OF DECEASED a. (First) <u>LUWA</u> b. (Middle) _____ c. (Last) <u>DAVENPORT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed?</u>		8. DATE OF BIRTH <u>July 10, 1883</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>North Carolina</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>The Smith</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Will Davenport</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Juanita Barnes - Wolf Island Mo</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes-Unknown</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>No medical attendance.</u> DUE TO (c) <u>Probably suffered a heart attack.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>No evidence of foul play.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>4343</u> 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>As Coroner, only</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>8/2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-21-52</u>		REGISTRAR'S SIGNATURE <u>Tertrude G. Harper</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Wavis Thelley</u>		ADDRESS <u>East Prairie, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

670

AUG 29 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed AUG 29 1952

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. 467

working under my personal supervision.

Student Travis Wade Shelby Jr.
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address Travis Shelby

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.