

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37911

State File No.

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 375

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU 0164</u>		d. STREET ADDRESS (If rural, give location) <u>132 SOUTH BERTON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>					
3. NAME OF DECEASED a. (First) <u>OTIS</u> b. (Middle) <u>Shelton</u> c. (Last) <u>DAVENPORT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 27 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>April 28-1903</u>	9. AGE (In years last birthday) <u>49</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cox Ridge Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James Davenport</u>		13b. MOTHER'S MAIDEN NAME <u>Mauda Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>493-07-3982</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Davenport</u>		ADDRESS <u>Cape Girardeau Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Pulmonary Congestion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident Nov 24 am. multiple fractures of lower extremities of chest and abdomen internal injuries and fracture of pelvis.</u>		DUE TO (c) <u>3 day</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>016</u>			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) <u>Nov 24 1952 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile collision</u>	
22. I hereby certify that I attended the deceased from <u>Nov 26, 1952</u> to <u>Nov 27, 1952</u> that I last saw the deceased alive on <u>Nov 27, 1952</u> and that death occurred at <u>4:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Thomas B. Otto M.D.</u>			23b. ADDRESS <u>Cape Girardeau Missouri</u>		23c. DATE SIGNED <u>Dec 2/52</u>
24. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Shroutland Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-3-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Jul Pearce</u>	
				ADDRESS <u>Cape Girardeau Mo</u>	

APR 1 1953

DEC 1 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. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 35768

P. O. Address Cap Hill, 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.