

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39689

State File No.

FILED NOV 23 1953

0590

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

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| BIRTH NO. _____ | | REG. DIST. NO. <u>167</u> | | PRIMARY REG. DIST. NO. <u>5699</u> | | Registrar's No. <u>5</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avalon, Fairview Twp</u> | | c. LENGTH OF STAY (In this place) <u>10 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avalon,</u> | | 0590 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Farm 3 1/2 Miles s/w Avalon</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Farm 3 1/2 Miles S/W Avalon, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>PLEASENT</u> | | b. (Middle) <u>JOHN</u> | | c. (Last) <u>DAVENPORT</u> | |
| 4. DATE OF DEATH | | (Month) <u>Nov.</u> | | (Day) <u>15,</u> | | (Year) <u>1953</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 29, 1892</u> | | 9. AGE (In years last birthday) <u>60</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>same</u> | | 11. BIRTHPLACE (State or foreign country) <u>Tingley, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Edward Davenport,</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ida M. Dale,</u> | | 14. NAME OF HUSBAND OR WIFE <u>Davenport Alva M. (Wheelbarger)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alva M. Davenport, Dawn, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> 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 <u>6 mos</u> | |
| 19a. DATE OF OPERATION <u>Oct 18-53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Liver</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) (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 <u>Sept. 6</u> , 19 <u>53</u> , to <u>Nov. 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept. 14</u> , 19 <u>53</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Joseph A. Canfield M.D.</u> | | | | 23b. ADDRESS <u>Chillicothe, Mo.</u> | | 23c. DATE SIGNED <u>11/16/1953</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 18, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Avalon, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11/16/53</u> | | REGISTRAR'S SIGNATURE <u>Frances B. Neill</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin, Tina, Mo.</u> | | ADDRESS | |

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

Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address. Tina, Missouri.

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.