

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 10 1954 STANDARD CERTIFICATE OF DEATH

State File No. **21981**

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>	c. CITY OR TOWN <u>Mexico</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>921 W. Emmons St</u>		e. STREET ADDRESS (If rural, give location) <u>921 W. Emmons St.</u> <u>042</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosie</u>	b. (Middle) <u>Babe</u>	c. (Last) <u>Davenport</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 31, 1890</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbina, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>James D. Terry</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>James Davenport</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Davenport</u>	ADDRESS <u>Mexico, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroners Investigation with out a jury</u> ANTECEDENT CAUSES <u>The deceased was found dying by her husband and DUE TO (b) died immediately with a Physician. She has been treated by Dr. R. W. VanWyngharden of Mexico, Mo. for Hypertension and hardening of the arteries</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>All evidence showed the deceased died from a circulatory condition and heart failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No indication of violence or foul play</u>	20. ANTOPOSY? 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>4672</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?
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22. I hereby certify that I attended the deceased from Coroners investigation, 1954, that I last saw the deceased alive on 8/3 died, 1954, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. C. Adams M.D.</u>	(Degree) (title)	23b. ADDRESS <u>Mexico, Missouri</u>	23c. DATE SIGNED <u>8/3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 5 1954</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Centralia</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 5 1954</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>	ADDRESS <u>Mexico</u>
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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.....
Signature of Student Embalmer

Signed.....
Clara Arundel

Licensed Embalmer No. *356*

P. O. Address *Milwaukee*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.