

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4720
Registrar's No. 738

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KC - Kansas City</u>		c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 days</u>		e. STREET ADDRESS (If rural, give location) <u>517 Hawley St.</u> <u>010 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>E.</u> c. (Last) <u>Davenport</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-56</u>		
5. SEX <u>Male</u> COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 10, 1896</u> <u>38 59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Print Shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co. Mo. - 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William H. Davenport</u>		13b. MOTHER'S MAIDEN NAME <u>Cornie E. Klein</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian 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>495-36-4859</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Davenport, Columbia Mo.</u>	
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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, asphyxia, 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>Pulmonary artery thrombosis</u>		DUPLICATE				<u>6 weeks</u>	
ANTECEDENT CAUSES		DUPLICATE					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cor pulmonale & heart failure</u>				<u>2 days</u>	
		DUE TO (c) <u>Emphysema thoracis</u>				<u>4 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis generalized, mod</u>				<u>5271</u>	

19a. DATE OF OPERATION <u>2-13-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Emphysema cavity rigid chest (on med)</u>				20. AUTOPSY? YES <input checked="" 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) 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 2-11, 1956, to 2-17, 1956, that I last saw the deceased alive on 2-17, 1956, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Mayer, Jr.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>618 Prof Bldg KC MO</u>		23c. DATE SIGNED <u>2-17-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-18-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arman Speckle Columbia Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 8 1956

2159
4016578
2-2-54

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 *Lynman H. Spunkle*

Licensed Embalmer No. *4013*
P. O. Address *Columbia*

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.