

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30093**

FILED SEP 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Harrisonville</b>		c. CITY OR TOWN <b>Garden City</b>	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) <b>5 1/2 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>0190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Walter</b>	c. (Last) <b>Davenport</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>9 15 1956</b>

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 10, 1872</b>	9. AGE (In years last birthday) <b>83</b>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HRS. Hours	12. IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Freeman, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Farmer Davenport</b>	13b. MOTHER'S MAIDEN NAME <b>Mary M. Davidson</b>	14. NAME OF HUSBAND OR WIFE <b>Bettie Davenport</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bettie Davenport - Mo</b>	ADDRESS <b>Garden City</b>
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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, ashenia, 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) <b>Arteriosclerotic Heart Disease</b>		<b>?</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c)		<b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<b>420.0</b>

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)
		<b>Garden City Mo</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **6 Jan, 1953**, to **15 Sept, 1956**, that I last saw the deceased alive on **13 Sept, 1956**, and that death occurred at **9 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Leoburn Ellis, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Garden City Mo</b>	23c. DATE SIGNED <b>9/17/56</b>
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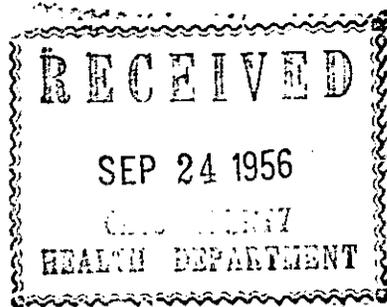
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-17-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Harrisonville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept 17, 1956</b>	REGISTRAR'S SIGNATURE <b>Dorothy Barman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkinson &amp; Liberty - Garden City, Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Bill J. Hickey*.....

Licensed Embalmer No. *4685*.....

P. O. Address *Harlem City*.....

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.