

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28678

State File No. _____

FILED SEP 13 1957

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 12 day	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Susan's Nursing Home		STREET ADDRESS (If rural, give location) RFD, Avalon, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) _____ c. (Last) Davenport			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2, 1869	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret)		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Illionis	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pleasant J. Davenport	13b. MOTHER'S MAIDEN NAME Samantha Borton	14. NAME OF HUSBAND OR WIFE Nona Davenport
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. xx	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nona Davenport, Avalon, Mo.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial, Terminal		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbidity 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. Arthritis, severe		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Aug 20, 1957 to Sept 4, 1957, that I last saw the deceased alive on Sept. 1, 1957, and that death occurred at 12:30h., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Conrad M.D.	(Degree or title) _____	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED Sept 4 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 6, 1957	24c. NAME OF CEMETERY OR CREMATORY Avalon cemetery	24d. LOCATION (City, town, or county) (State) Avalon, Mo.
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DATE REC'D BY LOCAL REG. 9-4-57	REGISTRAR'S SIGNATURE Francis B. Keill	25. FUNERAL DIRECTOR'S SIGNATURE Donald F. Gordon, Chillicothe, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48

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 *Elton E. Norman*.....

Licensed Embalmer No. *4030*

P. O. Address *Chillicothe*

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.