FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004431
STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West White — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7 Mi S. of Windsor — Length of stay in Hospital 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Benton
c. CITY OR TOWN Windsor — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 Mi. S. of Windsor — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Jefferson Last: Davenport
4. DATE OF DEATH Month 2 Day 3 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1-2-1889
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Climax Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Wm Davenport
14. MOTHER'S MAIDEN NAME (unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-32-3901
17. INFORMANT Mrs. T. J. Davenport — Address Windsor, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs +
DUE TO (c) Senility — 18 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-23-57 to 2-3-58 and last saw him alive on 1-31-58. Death occurred at 2:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE William Smith (Degree or title) M.D.
22b. ADDRESS Windsor Mo.
22c. DATE SIGNED 2/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-5-1958
23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery
23d. LOCATION (City, town, or county) Windsor (State) Mo.
24. FUNERAL DIRECTOR Ellis Huston — ADDRESS Windsor, Mo.
25. DATE RECD. BY LOCAL REG. Feb 15, 1958
26. REGISTRAR'S SIGNATURE E. L. Eckhoff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 501

P. O. Address Windsor,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.