

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046888

STATE FILE NUMBER

FILED JAN 15 1959

Registration District No. 338

Primary Registration District No. 3074

Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Sikeston</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sikeston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>842 E. Kathleen</u>		d. STREET ADDRESS (If outside, give location) <u>842 E. Kathleen</u>	
Length of stay in lb <u>24 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Olive</u> Middle <u>-</u> Last <u>Davenport</u>		4. DATE OF DEATH Month <u>12</u> Day <u>31</u> Year <u>1958</u>	
5. SEX <u>F.m.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-1878</u>
9. AGE (In years at birthday) <u>80</u>		10. FUNDER 1 YEAR Months <u>7</u> Days <u>3</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (City and state or country) <u>Baling Green, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>W. E. Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Craig</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Davenport</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) <u></u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Luther Harper - Sikeston, Mo</u> Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Squamous cell carcinoma of leg</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1917</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Weeks</u> <u>Months</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>NOV. 22, 1958</u> to <u>DEC 28, 1958</u> and last saw him alive on <u>DEC. 28, 1958</u> Death occurred at <u>12</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas Waltrip, M.D.</u>		22b. ADDRESS <u>132 E. Front Sikeston, Missouri</u>	
22c. DATE SIGNED <u>1-6-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>1-2-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Morley</u>		23d. LOCATION (City, town, or county) (State) <u>Morley, Mo.</u>	
24. FUNERAL DIRECTOR <u>Delbert Funeral Home</u>		25. DATE RECEIVED BY LOCAL REG. <u>1-7-59</u>	
ADDRESS <u>Sikeston, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Edna Hunter</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Raymond L. Duffie*

Licensed Embalmer No. *4798*

P. O. Address. *Berme, Mo.*

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.