# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 20 1959

59–031194
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CHAFFEE — Length of stay in 1b: 6 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 220 Cook Ave — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: CAPE
c. CITY OR TOWN: OAK RIDGE — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD # 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LAURINE Middle MARY Last DAVENPORT
4. DATE OF DEATH: Month AUG. Day 12 Year 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: APR. 25 1917
9. AGE (last birthday): 42 — IF UNDER 1 YEAR: Months 3 Days 13 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): ORAN, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: FRED PRYOR
13b. MOTHER'S MAIDEN NAME: Viola HANSELMAN
14. NAME OF HUSBAND OR WIFE: TROY E. DAVENPORT
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.:
17. INFORMANT: TROY E. DAVENPORT — Address: Rt. 1 - Oak Ridge, Mo.

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Medullary failure due to | ~~7/5/59~~ |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Pelvic Carcinomatosis due to | 2 months |
| DUE TO (c) | Primary, Adenocarcinoma of Cervis | 1 year |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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

BY AFFIDAVIT OF

21. I attended the deceased from July 5, 1959, to August 12, 59 and last saw her/him alive on 8/12/59 4:00 a.m.
Death occurred at 8:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. H. Lehmeyer (Degree or title): D. O.
22b. ADDRESS: 243 W. Yoakum Ave.
22c. DATE SIGNED: 8/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 14, 1959
23c. NAME OF CEMETERY OR CREMATORY: Russell Heights Cem.
23d. LOCATION (City, town, or county) (State): JACKSON, Missouri

24. FUNERAL DIRECTOR ADDRESS: Bisplinghoff Funeral Home - Chaffee, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 13-59
26. REGISTRAR'S SIGNATURE: Mildred Bisplinghoff

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 447

P. O. Address Chaffee, M

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

1959