

FILED VS AUG 3 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-025846

STATE FILE NUMBER

Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Centralia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Centralia</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Way Nursing Home</b>		Length of stay in lb <b>unknown</b>	d. STREET ADDRESS (If outside, give location) <b>329 South Allen</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>James Winning Davenport</b>			4. DATE OF DEATH Month Day Year <b>July 27, 1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2/14/88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired farmer</b>	11. BIRTHPLACE (City and state or country) <b>Boone County</b>
13a. FATHER'S NAME <b>Samuel T. Davenport</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Russell</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>498-14-1698</b>	17. INFORMANT Address <b>Buford Davenport Centralia, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Reoccurrent Cerebral Hemorrhages</b>			<b>18 days</b>
DUE TO (c) <b>Arteriosclerosis &amp; Hypertension</b>			<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>			
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 Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <b>7-23-60</b> to <b>7-27-60</b> and last saw <b>him</b> alive on <b>7-27-60</b> Death occurred at <b>9:05</b> p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John A. Key</b>		22b. ADDRESS <b>Centralia, Missouri</b>	22c. DATE SIGNED <b>7-28-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 29, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City of Centralia</b>	23d. LOCATION (City, town, or county) (State) <b>Centralia, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Bill J. Meador, Centralia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>July 30-1960</b>	26. REGISTRAR'S SIGNATURE <b>Maud M. Bride</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 4 1960

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. Medlar* .....

Licensed Embalmer No. *4876* .....  
P. O. Address *Centralia, Mass* .....

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.