RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1960

-60-026069

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. ~~2~~ Registrar's No. 378

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville, — Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Facing Railroad — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Neelyville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Box 125 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ELSIE Middle: Last: DAVENPORT
4. DATE OF DEATH Month, Day, Year: June 23, 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/16/88
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months, Days — 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: at home
11. BIRTHPLACE (City and state or country): Kent, Ohio
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charley Wier
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: George 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.: none
17. INFORMANT: George Davenport — Address: Neelyville, 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) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 12 mon.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
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

21. I attended the deceased from August 1959 to Death and last saw her alive on May 4, 1960
Death occurred at 11:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack R. Cash, M.D. (Degree or title)
22b. ADDRESS Corning, Arkansas
22c. DATE SIGNED 6-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/24/1960
23c. NAME OF CEMETERY OR CREMATORY: Dunning Cemetery
23d. LOCATION (City, town, or county) (State): Butler Co., Missouri

24. FUNERAL DIRECTOR: Edwards-Parrent — ADDRESS: Naylor, Missouri
25. DATE RECD. BY LOCAL REG.: 7/4/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Gene H Parrent

Signature of Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Naylor,

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