

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034312

FILED VS SEP 29 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 186

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> | | Length of stay in lb <u>6 days</u> | c. CITY OR TOWN <u>Gideon</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Terry Ola Davenport</u> | | | 4. DATE OF DEATH Month Day Year <u>8 29 1960</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</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>11-28-1907</u> | 9. AGE (last birthday) <u>52</u> | 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) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>Birmingham, Ala</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Robert Starnes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bertha Tucker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Geo. I. Davenport</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Geo. I. Davenport, Gideon, Mo.</u> | | | |

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| 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>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> |
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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 a.m. p.m. | | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <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.) | 20f. CITY, TOWN, OR LOCATION <u>Gideon Mo.</u> | COUNTY <u>New Madrid</u> | STATE <u>Mo.</u> |
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21. I attended the deceased from 8-24-60 to 8-25-60 and last saw her/him alive on 8-29-60
Death occurred at 1:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Les Benson</u> (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>Kennett Mo.</u> | 22c. DATE SIGNED <u>9-23-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-31-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>loyd Russell Snyott, Ark</u> ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>9-24-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Coul Husband</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed

Lloyd Russell

Licensed Embalmer No. *509-6*

P. O. Address *Piquott,*

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