

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039765
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 128

FILED NOV 14 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 <u>0850</u>				
2 <u>0850</u>				
3 <u>1</u>				
4 <u>0</u>				
5 <u>1</u>				
6				
7 <u>0</u>				
8 <u>2</u>				
9 <u>331X</u>				
10				
11				
12 <u>1-2</u>				
13 <u>1-0</u>				
ITEM NO.	SHOULD READ			

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAYNESVILLE</u>		Length of stay in 1b <u>4 HRS</u>	c. CITY OR TOWN <u>Richland</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PULASKI CO GEN HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT #2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>HADEN</u> Last <u>DAVENPORT</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>5</u> Year <u>1962</u>
5. SEX <u>MALE</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>APR 17 1896</u>
9. AGE (last birthday) <u>66</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>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>MORGAN COUNTY MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>W^M TALBOT DAVENPORT</u>	
13b. MOTHER'S MAIDEN NAME <u>MARTHA ANN FARRIS</u>		14. NAME OF HUSBAND OR WIFE <u>EUNICE CLEO 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>UNKNOWN</u>	17. INFORMANT Address <u>EUNICE DAVENPORT RT #2 RICHLAND, MO</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>Cerebral Hemorrhage Messure 4 Hr</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis.</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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
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 _____ a.m. _____ p.m. Month, Day, Year _____	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	COUNTY STATE
21. I attended the deceased from <u>11-5-62</u> to <u>11-5-62</u> and last saw her alive on <u>11-5-62</u> Death occurred at <u>10:45A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R O Alwitt</u> (Degree or title) <u>NO. DO</u>		22b. ADDRESS <u>Waynesville, MO</u>	22c. DATE SIGNED <u>11-6-1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-7-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HAZELGREEN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HAZELGREEN LAKE MO</u>
24. FUNERAL DIRECTOR <u>C. GROSS</u> ADDRESS <u>Mass-William's Richland, MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-6-62</u>	26. REGISTRAR'S SIGNATURE <u>Gula J. Anderson</u>

NOV 20 1962

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 Clarence Fross

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.

Print attached 11/6/62