

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-038889**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 724

OCT 24 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Boone</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>	
Length of stay in lb OR TOWN <u>Instant</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Mo.</u>	b. COUNTY <u>Boone</u>
c. CITY OR TOWN <u>Hallsville Rt. 1</u>	
d. STREET ADDRESS (If outside, give location) <u>Hallsville Rt. 1</u>	
3. NAME OF DECEASED (Type or print)	
First <u>Bruce</u>	Middle <u>E.</u>
Last <u>Davenport</u>	
4. DATE OF DEATH	
Month <u>10</u>	Day <u>19</u>
Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/25/1916</u>
9. AGE (last birthday) <u>47</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Food Center</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>University of Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Brown Davenport</u>	
13b. MOTHER'S MAIDEN NAME <u>Zula Hudson</u>	
14. NAME OF HUSBAND OR WIFE <u>Elsie Davenport</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. Bruce Davenport</u>	
Address <u>Hallsville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	<u>Multiple extreme injuries of head and chest</u>
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. <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 checked="" 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.) <u>Struck by train while driving car across tracks near Brown's Station, Mo.</u>	
20c. TIME OF INJURY <u>ca 12:40 p.m.</u>	Month, Day, Year <u>10-19-63</u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad crossing</u>
20f. CITY, TOWN, OR LOCATION <u>Brown Station</u>	
COUNTY <u>Boone</u>	
STATE <u>Mo.</u>	
21. I attended the deceased from <u>Coroner's call</u> and last saw her alive on <u>1:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>1:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Richard E Johnson MD</u>	22b. ADDRESS <u>Columbia, Mo</u>
22c. DATE SIGNED <u>10-19-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/22/1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>	
24. FUNERAL DIRECTOR <u>Lyman Sprinkle</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 21 1963</u>
26. REGISTRAR'S SIGNATURE <u>Mr R E Palmer</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 Lyman Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.