

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047793

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 311

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Lowry City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Maude-----		4. DATE OF DEATH December 5, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/16/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		11. BIRTHPLACE (City and state or country) Beatrice Nebr;	
13a. FATHER'S NAME George Becker		14. NAME OF HUSBAND OR WIFE John H. Davenport	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT John H. Davenport, Lowry City Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Myocardial Insufficiency DUE TO (c) Cerebral Thrombosis after Surgery PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Adenocarcinoma of Bowel	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from 2-1-63 to 12-5-63 and last saw her alive on 12-5-63		22c. DATE SIGNED 12/7/63	
22a. SIGNATURE Clinton L. Glaspy D.O.		22b. ADDRESS Clinton Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
23b. DATE 12/9/63		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola Mo.		25. DATE RECD. BY LOCAL REG. Dec. 9, 1963	
26. REGISTRAR'S SIGNATURE Mildred Begum			

(Licensed Embalmer's Statement on Reverse Side)

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

Paul J. Stanton

Licensed Embalmer No.

3990

P. O. Address

O'Keefe, 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.

Permit obtained 12-9-63

(M13)