

FILED APR 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. **7528**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 95			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Go' Brown Station		D103			
d. FULL NAME OF HOSPITAL OR INSTITUTION near Brown Sta.				d. STREET ADDRESS mo					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Harrison			c. (Last) Davenport			
4. DATE OF DEATH (Month) (Day) (Year) April 2 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 12 1866	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR x		IF UNDER 1 YEAR 23		IF UNDER 1 YEAR Hour		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (State or foreign country) Boone Co mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Mark Davenport			13b. MOTHER'S MAIDEN NAME Eudora Barnes			14. NAME OF HUSBAND OR WIFE Carrie M 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. No		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) John E Davenport Columbia					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arteritis						INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 50 , to Dec 50 , that I last saw the deceased alive on Dec 50 , and that death occurred at 12:20 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Richard P. Saderson M.D.				23b. ADDRESS 16 S. 10th Columbia Mo		23c. DATE SIGNED 4-3-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) Columbia Mo			
DATE REC'D BY LOCAL REG. April 4 1951		REGISTRAR'S SIGNATURE Mrs R E Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE R. O. Willett		ADDRESS Columbia Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1951

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-10-51

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,

working under my personal supervision.

Student Embalmer No.

Signed *Lynman H. Spink*

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.