

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19605**

BIRTH NO. _____ **REG. DIST. NO.** 53 **PRIMARY REG. DIST. NO.** 3010 **Registrar's No.** 241

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo.</u>	
c. LENGTH OF STAY (In this place) <u>35 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1106 N Fpuntain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1106 N. Fountain St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Freddie</u> b. (Middle) _____ c. (Last) <u>Davenport</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 9 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Richard Whittacre</u>	
13b. MOTHER'S MAIDEN NAME <u>Unkonwn</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Cape Gir Mo.</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucretia Kueffel</u>
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) <u>Coronary Thrombosis</u> (b) <u>Hypertensive Cardio-Vascular disease (chronic)</u> (c) <u>5 yrs +</u> II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>4201</u>	
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)		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 <u>Dec 2, 1950</u> to <u>June 28, 1951</u>, that I last saw the deceased alive on <u>June 28, 1951</u>, and that death occurred at <u>7:30 pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>John Crow</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>June 30, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 1 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Howell</u>	
DATE REC'D BY LOCAL REG. <u>7-1-1951</u>		REGISTER'S SIGNATURE <u>W. C. Summers</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Cape Gir. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Howell</u>	

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

64
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RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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
Student Embalmer

Signed *W. H. Estro*

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau*

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.