

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30958

State File No.

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 323

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>McPherson</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>McPherson</u> <u>8150</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>209 North Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>851 West Cape Rock Drive</u>			

3. NAME OF DECEASED (Type or Print) <u>FLORA</u>			a. (First)			b. (Middle)			c. (Last) <u>DAVENPORT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 8, 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>December 23, 1878</u>			9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>		IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>				11. BIRTHPLACE (State or foreign country) <u>Rice County, Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			

13a. FATHER'S NAME <u>Henru Wohlford</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Hammond</u>			14. NAME OF HUSBAND OR WIFE <u>B. W. Wohlford 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>No</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Dwight L. Brouhard</u>			ADDRESS <u>Cape Gir., Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>None</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.										

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10/8, 1952, to 10/8, 1952; that I last saw the deceased alive on 10/8, 1952, and that death occurred at 4 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Deaton</u>		(Degree or title)		23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>10/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bean Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Little River, Kansas</u>	

DATE REC'D BY LOCAL REG. <u>10-9-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home</u>		ADDRESS <u>Cape Gir., Mo.</u>	
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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
Student Embalmer

Signed *Virgil H. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau, 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.