

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **511**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Bollinger</b>	
b. CITY OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Sedgewickville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South East Mo. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Randy</b> b. (Middle) <b>Dean</b> c. (Last) <b>Davenport</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>	8. DATE OF BIRTH <b>Jan 16, 1956</b>	9. AGE (In years last birthday) <b>-</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Gir. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Darrel Davenport</b>	13b. MOTHER'S MAIDEN NAME <b>Bonagene Masters</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Darrel Davenport, Sedgewickville, Mo.</b>	ADDRESS <b>Sedgewickville, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UNKNOWN</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>18 hour labor with possible cephalopelvic disproportion</b> DUE TO (c) <b>None</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 16, 1956**, to **Jan 18, 1956**, that I last saw the deceased alive on **Jan 17, 1956**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Fred E. Rawlins M.D.</b> (Degree or title)	23b. ADDRESS <b>24 N. Spragg</b>	DATE SIGNED <b>1-21-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 19, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pulliam</b>	24d. LOCATION (City, town, or county) (State) <b>Mayfield, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-23-56</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>S. C. Bracraft</b> ADDRESS <b>Jackson, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Steel*.....  
Licensed Embalmer No. *2476*  
P. O. Address *Jackson*.....

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.