

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **28905**

FILED AUG 26 1957

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>251</b>   |  | PRIMARY REG. DIST. NO. <b>5853</b>  |  | Registrar's No. <b>197</b>  |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Nodaway</b>  |  |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Maryville</b> b. COUNTY <b>Nodaway</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville - rural</b>   |  |   |  | c. CITY OR TOWN <b>Maryville</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Pleasant View Rest Home</b>   |  |   |  | e. STREET ADDRESS (If rural, give location) <b>422 West 6th</b>   |  |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)   |  | a. (First) <b>SOLOMON</b>   |  | b. (Middle) <b>HENRY</b>  |  | c. (Last) <b>DAVENPORT</b>  |  |
| <b>5. SEX</b><br><b>Male</b>  |  | <b>6. COLOR OR RACE</b><br><b>White</b>   |  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>  |  | <b>8. DATE OF BIRTH</b><br><b>1/5/68</b>  |  |
| <b>9. AGE</b> (In years last birthday) <b>89</b>  |  | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer - retired</b> |  | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Easton, Illinois</b>   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>  |  |
| <b>13a. FATHER'S NAME</b><br><b>Lewis Davenport</b>   |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Matilda ?</b>  |  | <b>14. NAME OF HUSBAND OR WIFE</b> <b>Melissa Gourley Davenport</b>   |  |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>  |  | <b>16. SOCIAL SECURITY NO.</b> <b>none</b>  |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Lewis Lawson, Maryville, Mo.</b>   |  |   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b><br><br>ANTECEDENT CAUSES<br><b>arteriosclerosis of cardiac vessels</b><br><br>DUE TO (b) <b>arteriosclerosis of cardiac vessels</b><br><br>DUE TO (c) <b>senility</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death<br><b>General debility</b><br><br><b>Arteriosclerosis</b> |  |   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>5</b>   |  |   |  |
| <b>19a. DATE OF OPERATION</b>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  | <b>20. AUTOPSY?</b> <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                           |  | <b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)  |  |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.   |  | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>             |  | <b>21f. HOW DID INJURY OCCUR?</b>   |  |   |  |
| <b>22. I hereby certify that I attended the deceased from</b> <b>April 1954</b> , <b>to</b> <b>Aug. 11, 1957</b> , <b>that I last saw the deceased alive on</b> <b>July 30, 1957</b> , <b>and that death occurred at</b> <b>7:30 Pm.</b> , <b>from the causes and on the date stated above.</b>   |  |   |  |   |  |   |  |
| <b>23a. SIGNATURE</b> <b>B. B. Blair</b> (Degree or title) <b>M. D.</b>   |  |   |  | <b>23b. ADDRESS</b> <b>Maryville, Missouri</b>  |  | <b>23c. DATE SIGNED</b> <b>8/12/57</b>  |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>  |  | <b>24b. DATE</b> <b>8/14/57</b>   |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Graham</b>   |  | <b>24d. LOCATION</b> (City, town, or county) (State) <b>Maryville, Missouri</b>   |  |
| <b>DATE REC'D BY LOCAL REG.</b> <b>8-24-57</b>  |  | <b>REGISTRAR'S SIGNATURE</b> <b>Boas</b>  |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Price Funeral Home, Maryville, Mo.</b>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Clara M. P. P.*

Licensed Embalmer No. 1. E. 3

P. O. Address.....  
*Maryville*

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.