

Health, Welfare and Public Service  
 100-56  
 Cause of death must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 4-0

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31059  
 STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 453

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jackson Mo. R 2</u>			Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <u>Dorothy Helen Davenport</u>			First	Middle	Last	4. DATE OF DEATH <u>Oct 2 1957</u>			Month	Day	Year	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 4 1931</u>		9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
								Months		Days	Hours	Min.
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>None</u>		11. BIRTHPLACE (City and state or country) <u>Piggott Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13. FATHER'S NAME <u>George Glasscock</u>						14. MOTHER'S MAIDEN NAME <u>Cora Williams</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>link</u>			17. INFORMANT Address <u>Mr Lloyd Davenport Jackson Mo.</u>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tetanus</u>										INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>History of tooth extraction 3 wks before</u>												
DUE TO (c) <u>no history of injury.</u>												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>none</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour <u>5:00</u> Month, Day, Year a. m. <u>A.</u> p. m.												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE						
21. I attended the deceased from <u>9-29-57</u> to <u>10-2-57</u> and last saw her <u>her</u> alive on <u>10-1-57</u> Death occurred at <u>5:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>E.F. McDonald, M.D.</u>						22b. ADDRESS <u>Jackson, Mo</u>			22c. DATE SIGNED <u>10-4-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct-6 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lairdier</u>			23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>					
24. FUNERAL DIRECTOR <u>Brinkopf Howell Cape Gir. Mo.</u>				25. DATE RECD. BY LOCAL REG <u>10-9-1957</u>		26. REGISTRAR'S SIGNATURE <u>O.C. Summers</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.....  
Signature of Student Embalmer

Signed..... *W. A. Ester*

Licensed Embalmer No. *3*

P. O. Address *Cape Ki*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.