

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018702

FILED VS JUN 2 1960

STATE FILE NUMBER

Registration District No. # 6.7 Primary Registration District No. 4.118 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sparta</i>		Length of stay in 1b <i>7 years</i>	c. CITY OR TOWN <i>Sparta</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>no street address</i>

3. NAME OF DECEASED (Type or print) First <i>Ralph</i> Middle <i>Foster</i> Last <i>Davenport</i>			4. DATE OF DEATH Month <i>May</i> Day <i>15</i> Year <i>1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>October 6, 1886</i>	9. AGE (last birthday) <i>73</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith & Merchant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Cigar Store</i>	11. BIRTHPLACE (City and state or country) <i>Macomb, Illinois</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>Benjamin Davenport</i>		13b. MOTHER'S MAIDEN NAME <i>Olive Foster</i>		14. NAME OF HUSBAND OR WIFE <i>Ada McGahan</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>480.36-6201</i>	17. INFORMANT Address <i>Mrs. Ada Davenport, Sparta, Missouri</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>① Cancer of prostate - metastatic - returned</i>	DUE TO (b) <i>② cystitis, due to renal failure</i>	<i>2+ mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<i>2 mo.</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>new, terminal disease, prostate, failure</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year	
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 *17 July 1960* to *15 May 1960* and last saw ^{him} alive on *3 May 1960*
Death occurred at *7:00* a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>J. Dean Harris M.D.</i>		22b. ADDRESS <i>Ozark, MO</i>		22c. DATE SIGNED <i>23 May 1960</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/17/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sparta Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Sparta Missouri</i>	
24. FUNERAL DIRECTOR <i>J. Dean Harris,</i>		ADDRESS <i>Clever, Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>May. 26. 1960</i>	26. REGISTRAR'S SIGNATURE <i>Nassie Day.</i>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 14 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John Harris*

Licensed Embalmer No. 4390

P. O. Address Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.