

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005523

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 4249 Registrar's No. 9

STATE FILE NUMBER

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Centralia</b>		c. CITY OR TOWN <b>Centralia</b>	
Length of stay in 1b <b>1 year</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Way Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>401 West Sneed</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Clarcie</b> Middle <b>Morehead</b> Last <b>Morehead</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>11</b> Year <b>1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/5/1884</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>6</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and state or country) <b>Boone County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Samuel T. Davenport</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Russell</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>D Buford Davenport, Centralia, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per fo PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cerebral vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>Several Months</b> <b>years</b>
DUE TO (b) <b>multiple cerebral artery thromboses</b>		
DUE TO (c) <b>cerebral arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arteriosclerotic heart disease</b>		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

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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		

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 <b>Centralia</b>	COUNTY <b>Boone</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>1-18-53</b> to <b>2-10-62</b> and last saw her/him alive on <b>2-10-62</b> Death occurred at approx <b>4:20 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Robert L. Ward, M.D.</b>	22b. ADDRESS <b>Centralia, Missouri</b>	22c. DATE SIGNED <b>2-12-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 15, '62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centralia</b>	23d. LOCATION (City, town, or county) (State) <b>Centralia, Mo.</b>
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24. FUNERAL DIRECTOR <b>Geo. A. Menden Centralia, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 16-1962</b>	26. REGISTRAR'S SIGNATURE <b>Maud M. Bride</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 20 1962

**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 Bice J. Madon

Licensed Embalmer No: 4876

P. O. Address Centralia, Mass

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.