

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 28 1948
Registration District No. 1948

Primary Registration District No. 4082

Registrar's No. 59

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Beltan, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRENT FULL NAME ADDIE DIVELBISS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harvey Divelbiss

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 24 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Raymore, Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER { 12. Name Margaret Wilson

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Octavia Stubbelfield

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Miss Claud Lofland

(b) Address Beltan, Mo.

17. (a) Burial (b) Date thereof April 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beltan, Mo.

18. (a) Signature of funeral director B. K. Geomey, Same

(b) Address Beltan, Mo.

19. (a) 4-23-42 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Beltan
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 5 PM minute _____ M.

21. I hereby certify that I attended the deceased from May 8
1948 to Apr 17 1948
that I last saw her alive on April 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Paralysis 3 hours
Due to Progressive Muscular Atrophy 2 years

Due to Apparently Idiopathic

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1142
Of operations No operation

Of autopsy No Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W F Schaffinger (M. D. or other) _____

Address Raymore, Mo. Date signed 4/17/1948

201
Clarke

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. K. George
Licensed Embalmer No. 3645-
P. O. Address Grandview 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 this body is not embalmed, above space should be left blank.