

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9713

9400

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6475 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) Route 2	
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) DeVAULT b. (Middle) c. (Last)	
4. DATE OF DEATH March 24, 1949		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12, 1869
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 12	IF UNDER 2 Hrs. Hours 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace tender in Foundry		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Franklin County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roland DeVault		13b. MOTHER'S MAIDEN NAME Josephine Shewey	
14. NAME OF HUSBAND OR WIFE Margaret Elizabeth Kinkead		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-10-0259	
17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Abt. 1 wk.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Carcinoma of stomach		6 mos.	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis- Unk.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 9, 1948 to March 24, 1949 , that I last saw the deceased alive on March 24, 1949 , and that death occurred at 1:15 PM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John A. Buenna, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo. 3-24-49.	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 27, 1949	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Mo.
DATE REC'D BY LOCAL REG. Mar. 25, 1949	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Licklider Funeral Home, St. James, Mo.	

RECEIVED

Health Officer No. 4
District File Number 449-450
Date Filed 4-4-49

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
Student Embalmer

Signed C. H. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, 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, fact should be so stated above.