

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26502

State File No. _____

29
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>93</u>	PRIMARY REG. DIST. NO. <u>5338</u>	Registrar's No. <u>74</u>
1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk twp.</u>		c. LENGTH OF STAY (in this place) <u>42 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Polk twp.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi NE of Greenfield</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi NE of Greenfield</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernie</u>		b. (Middle) <u>Radford</u>		c. (Last) <u>DIVINE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17, 1886</u>	9. AGE (In years) (last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Radford C. Divine</u>		13b. MOTHER'S MAIDEN NAME <u>Phrana Y. Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Divine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary E. Divine; Rt #1, Greenfield, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lung</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>12-3X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>June 1, 1941</u> , to <u>Aug 16, 1949</u> , that I last saw the deceased alive on <u>Aug 16, 1949</u> , and that death occurred at <u>5:35 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>8-20-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-20-49</u>		REGISTRAR'S SIGNATURE <u>Geo L. Weir 790</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada Greenfield, Mo.</u>

RECEIVED AUG 23 1949

District Health Office No. 6,

District File Number 849-965

Filed 8-23-49

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.

Signed

J. C. Canada

Signed.....

Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.