U.S. No. 300
Rev. 10.48

FILED JAN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40365

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 58

13
0
0

1. PLACE OF DEATH
a. COUNTY: CALDWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRECKENRIDGE 3
c. LENGTH OF STAY (In this place): 50yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MRS. JOHN CLICK HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALDWELL 13
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRECKENRIDGE 0
d. STREET ADDRESS (If rural, give location): NONE 0

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): LAURA
c. (Last): DEVAUL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7 49

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: August 7, 1872
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: AMOS MARTIN
13b. MOTHER'S MAIDEN NAME: JEANETTE CASTLEMAN
14. NAME OF HUSBAND OR WIFE: GEORGE W. DEVAUL

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.
17. INFORMANT'S SIGNATURE OR NAME: Wesley Devaul Breckenridge, Mo.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 10 mots

ANTECEDENT CAUSES
Morbid 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.
420.00

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1949, *to* Dec 7, 1949, *that I last saw the deceased alive on* Dec 7, 1949, *and that death occurred at* 11-30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Athompson MD 0
23b. ADDRESS: Breckenridge Mo
23c. DATE SIGNED: 12-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 11 '49
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Breckenridge, Mo.

DATE REC'D BY LOCAL REG.: 12-31-49
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Gene C. Michael
ADDRESS: Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 4 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Leon C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

~~Signed~~ _____
~~Student Embalmer~~

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.

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