

FILED MAR 1 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 4301  
Registrar's No. 38

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. 77  |  | PRIMARY REG. DIST. NO. 3016   |  | Registrar's No. 38   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Cole  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Moniteau |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City  |  | c. LENGTH OF STAY (In this place) 1 day  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fortuna  |  | 680  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital  |  |  |  | d. STREET ADDRESS (If rural, give location) No street numbers   |  |  |  |
| 3. NAME OF DECEASED (Type or Print) Jess   |  | a. (First) L.  |  | b. (Middle) Devine  |  | c. (Last)  |  |
| 4. DATE OF DEATH Feb/19/50   |  | 5. SEX Male  |  | 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed         |  |
| 8. DATE OF BIRTH August, 31, 1871  |  | 9. AGE (In years last birthday) 78   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer                             |  | 11. BIRTHPLACE (State or foreign country) Missouri R                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer   |  | 10b. KIND OF BUSINESS OR INDUSTRY Retired  |  | 11. BIRTHPLACE (State or foreign country) Missouri R  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.                                    |  |
| 13a. FATHER'S NAME Henry Devine  |  | 13b. MOTHER'S MAIDEN NAME Elizabeth Box  |  | 14. NAME OF HUSBAND OR WIFE Wife Deceased.  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   |  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME Charlie T. Devine, Fortuna, Mo  |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>coronary thrombosis</i><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <i>coronary atherosclerosis</i><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>5 days<br>7<br>4 1/2               |  |
| 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) (Min)  |  | 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 2-18, 1950, to 2-19, 1950, that I last saw the deceased alive on 2-19, 1950, and that death occurred at 7:50 a. m., from the causes and on the date stated above.     |  |  |  |   |  |  |  |
| 23a. SIGNATURE <i>R.P. Davis M.D.</i> (Degree or title)  |  |  |  | 23b. ADDRESS Jefferson City Mo  |  | 23c. DATE SIGNED 2/20/50   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  |  | 24b. DATE 2/19/50  |  | 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel   |  | 24d. LOCATION (City, town, or county) (State) 5 Mi. South Syracuse, Mo |  |
| DATE REC'D BY LOCAL REG. Feb 20-1950   |  | REGISTRAR'S SIGNATURE <i>R.P. Davis M.D.</i>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <i>James E. Richards</i>   |  | ADDRESS Tipton, Mo   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number  
District Health Officer No. 9,  
RECEIVED  
FEB 25 1950

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 James E. Richard  
Licensed Embalmer No. 2466  
P. O. Address Lipton, Md

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.