

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8610
1394

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI | | b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. LENGTH OF STAY (In this place) LIFE | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5738 Troost | | d. STREET ADDRESS (If rural, give location) 5738 Troost | | | |

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|--|-------------------------------|-----------|-------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) MADELAINE | b. (Middle) DEVENEY | c. (Last) | (Month) March | (Day) 23 | (Year) 1950 |

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|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|-------|------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH January 21, 1872 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 14 HRS. Days | Hours | Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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| 13a. FATHER'S NAME MARTIN TIMMERMAN | 13b. MOTHER'S MAIDEN NAME UZENA PAPA | 14. NAME OF HUSBAND OR WIFE WILLIAM E. DEVENEY |
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| 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. NONE | 17. INFORMANT'S SIGNATURE OR NAME WILLIAM E. DEVENEY, 5738 TROOST AVE. | ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 334 X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMEKIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|---|--|----------------------------|
| 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 June, 1947, to 3/23, 1950, that I last saw the deceased alive on 3/23, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

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|---|---|------------------------------------|
| 23a. SIGNATURE H. S. Prentiss (Degree or title) H. S. Prentiss M.D. | 23b. ADDRESS 900 Realt. Bldg. | 23c. DATE SIGNED 3/25/50 |
|---|---|------------------------------------|

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|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3/27/50 | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI |
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| DATE REC'D BY LOCAL REG. 3-25-50 | REGISTRAR'S SIGNATURE M. Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Franklin Stein | ADDRESS 20 W. Linwood Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Forrest D. Caldwell

Licensed Embalmer No. *4714*

P. O. Address: *15 E. 7th*

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.