

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11929**
Registrar's No. **503**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 717 N. 23rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital (Osteopathic)			

3. NAME OF DECEASED (Type or Print)
 a. (First) **William** b. (Middle) **Alburtus** c. (Last) **DeVorse**
 4. DATE OF DEATH (Month) (Day) (Year) **April 23, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **July 7, 1866** 9. AGE (In years last birthday) **83** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Dairy** 10b. KIND OF BUSINESS OR INDUSTRY **Dairy Business** 11. BIRTHPLACE (State or foreign country) **St. Joseph, Missouri.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Lewis R. DeVorse** 13b. MOTHER'S MAIDEN NAME **Elizabeth A. Thompson** 14. NAME OF HUSBAND OR WIFE **Miriam DeVorse**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give way or dates of service) ***** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Fay Marshall** ADDRESS **St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Embolism** INTERVAL BETWEEN ONSET AND DEATH **2 Days**
 ANTECEDENT CAUSES **Arteriosclerosis** DUE TO (b) **?**
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS **332X**
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **4-7**, 19**50**, to **4-23**, 19**50**, that I last saw the deceased alive on **4-23**, 19**50**, and that death occurred at **2:40** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Clifford L. Stidley D.O.** 23b. ADDRESS **801 1/2 Francis St. Joseph, Mo.** 23c. DATE SIGNED **4/24/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Apr. 25, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri.**

DATE REC'D BY LOCAL REG. **April 26, 1950** REGISTRAR'S SIGNATURE **H. L. Jenkins** 382 25. FUNERAL DIRECTOR'S SIGNATURE **Walter Meierhoff** ADDRESS **1946 Colhoun St. St. Joseph, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

0117

0117
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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

Raymond W. Morlock

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.