No. 300
10.48

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16216

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4135 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY: Clinton	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo. b. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower c. LENGTH OF STAY (in this place): life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower 0250
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence	d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)	a. (First): Sam	b. (Middle):	c. (Last): Divelbiss	4. DATE OF DEATH (Month) (Day) (Year): May 18 1950
5. SEX: male 0	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: June 22 1866	9. AGE (In years last birthday): 83 — 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): farmer	10b. KIND OF BUSINESS OR INDUSTRY: farming	11. BIRTHPLACE (State or foreign country): Clinton Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Levi Divelbiss	13b. MOTHER'S MAIDEN NAME: Elizabeth Augnst	14. NAME OF HUSBAND OR WIFE: Sarah Jane Divelbiss		
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: Mrs Emil Schuster	ADDRESS: Gower, Mo.	

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	few minutes
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer prostate gland	Months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		177X

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify): neither	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* May 11th, 1950, *to* May 18th, 1950, *that I last saw the deceased alive on* 5-18, 1950, *and that death occurred at* 9 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Starks 0 (Degree or title): M.D.	23b. ADDRESS: Gower Mo	23c. DATE SIGNED: 5-18-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial 11	24b. DATE: 5/20/50	24c. NAME OF CEMETERY OR CREMATORY: Keller Cemetery	24d. LOCATION (City, town, or county) (State): Hempel Mo.
DATE REC'D BY LOCAL REG.: May 20 1950	REGISTRAR'S SIGNATURE: Elizabeth Scearce 441	25. FUNERAL DIRECTOR'S SIGNATURE: John H. Murray	ADDRESS: Gower Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 29 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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.