

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23513
State File No. 3142

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

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 57 yrs.		d. STREET ADDRESS (If rural, give location) 611 East 62d Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 East 62d Street		d. STREET ADDRESS (If rural, give location) 611 East 62d Street	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) E. c. (Last) DE VENY, Sr.		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-5-1892
9. AGE (In years last birthday) 57		10. MONTHS 7	11. DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frt. & Pass. Agent		10b. KIND OF BUSINESS OR INDUSTRY Frisco RR	11. BIRTHPLACE (State or foreign country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Wm. DeVeney	
13b. MOTHER'S MAIDEN NAME Angeline Mann		14. NAME OF HUSBAND OR WIFE Mary L. DeVeney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW-I		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary L. DeVeney		ADDRESS 611 E. 62d St., KC, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death circulatory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
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) _____	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 <u>4/10</u> , 19 <u>20</u> , to <u>7/20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/20</u> , 19 <u>50</u> and that death occurred at <u>2:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE James R. Mc Day (Name or title) MD		23b. ADDRESS 814 Porter Bldg	23c. DATE SIGNED 7/20/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-22-50	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 7-20-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.	

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

Dr. Geo. McCreary
Porter Block
34th + Bluff
Between 2 + 5
Thru

SEP 15 1950

RECEIVED
1950

SEP 20 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Max W. Kendall
Licensed Embalmer No. 4632

P. O. Address K. C. 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.