

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27444**

BIRTH NO. **59526-50** REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **333**

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

1. PLACE OF DEATH a. COUNTY <b>LINN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>LINN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Brookfield</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Bucklin</b>		<b>8580</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Brookfield Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>0</b>		
3. NAME OF DECEASED (Type or Print) <b>BARBARA JEAN DIVELBESS</b>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 1, 1950</b>
5. SEX <b>F.M.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>Aug. 23, 1950</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Brookfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Dr. R.A. Divelbess</b>		13b. MOTHER'S MAIDEN NAME <b>Vada Jean McCollum</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>R.A. Divelbess, Bucklin</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <b>Protein deficiency + water imbalance</b> DUE TO (c) <b>Prematurity</b>				<b>776x</b>
	III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Vaginal bleeding</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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)	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 <b>8-28, 1950</b> , to <b>9-1, 1950</b> , that I last saw the deceased alive on <b>9-1, 1950</b> , and that death occurred at <b>2:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>66 Erush DOR</b>			(Degree or title)	23b. ADDRESS <b>Brookfield Mo</b>	23c. DATE SIGNED <b>9/7</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Sept. 1, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Bucklin Mo</b>	
DATE REC'D BY LOCAL REG <b>SEPT 5 1950</b>	REGISTRAR'S SIGNATURE <b>H. B. Erwin</b>		167	25. FUNERAL DIRECTOR'S SIGNATURE <b>Larson Funeral Service, Bucklin Mo</b>	

Date Received: **SEP 11 1950**  
DISTRICT HEALTH OFFICE #  
District File Number **9-50**  
Date Filed: **SEP 12 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.....

*E. A. Larson*

Licensed Embalmer No. **4037**

P. O. Address **Buckles, 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.