

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8423
Registrar's No. 913

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		State File No. 8423		Registrar's No. 913			
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. LENGTH OF STAY (in this place) 72 years			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			3878 3870		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5738 Troost				d. STREET ADDRESS (If rural, give location) 5738 Troost							
3. NAME OF DECEASED (Type or Print) WILLIAM E DEVENEY			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Feb 26 1951			5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		
8. DATE OF BIRTH April 24 1871			9. AGE (in years last birthday) 79			IF UNDER 1 YEAR Months Days			IF UNDER 100 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Musician				10b. KIND OF BUSINESS OR INDUSTRY Orchestra Owner				11. BIRTHPLACE (State or foreign country) Washington D. C.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John F Deveney			13b. MOTHER'S MAIDEN NAME Mary Jane McGookin			14. NAME OF HUSBAND OR WIFE Madeline Deveney					
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. ? ? --			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Madeline Deveney 5738 Troost					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		ANTECEDENT CAUSES DUE TO (b) Aortic & Mitral stenosis									
*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) Rheumatic heart disease							4101		
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 checked="" type="checkbox"/> NO <input 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) m.		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 2-23-51, to 2-25-51, that I last saw the deceased alive on 2-25-51, and that death occurred at 5:20 A. m., from the causes and on the date stated above.											
23a. SIGNATURE William V. Beachy (Degree or title)					23b. ADDRESS 201 Plaza Med. Bldg.			23c. DATE SIGNED 2-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 28 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.					
DATE REC'D BY LOCAL REG. 2-28-51		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Lutz & Robin		ADDRESS 20 West Linwood				

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Forrest D. Coldenow

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

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.