

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12189

State File No.

FILED MAY 9 1951

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5449		Registrar's No. 38			
1. PLACE OF DEATH <u>At Home</u> a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>King City R.R.</u>		c. LENGTH OF STAY (in this place) <u>9 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>03 87</u> OR TOWN <u>King City R.R.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mi. West of King City. on 48</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> b. (Middle) <u>Francis</u> c. (Last) <u>Devine</u>			4. DATE OF DEATH <u>4. 17. 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3.27.1879</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Greston Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Arthur Devine</u>			13b. MOTHER'S MAIDEN NAME <u>Kathryne ?</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude L. Devine.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude L. Devine.</u> ADDRESS <u>King City Mo. RR</u>					
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) 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 <u>March 19</u> to <u>April 17, 1951</u> , that I last saw the deceased alive on <u>not seen</u> and that death occurred at <u>4:15 PM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>D. S. Blacklock</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>4.20.51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4.21.51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Stonberry Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 1-1951</u>		REGISTRAR'S SIGNATURE <u>Edith Schilde</u> 430		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Taggart</u> ADDRESS <u>King City Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 7300
v. 10-48



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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.