

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16046

5-10-51

93

PRIMARY REG. DIST. NO. 4137

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>Dade</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Dade</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Dadeville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Dadeville</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>East Part of Dadeville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>East Part of Dadeville</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Fred</i>		b. (Middle) <i>Devine</i>	
c. (Last) <i>Devine</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 30 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 3 1876</i>
9. AGE (In years last birthday) <i>74</i>	if UNDER 1 YEAR Months <i>9</i>	if UNDER 1 DAY Days <i>27</i>	10. BIRTHPLACE (State or foreign country) <i>Dade County Missouri</i>
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <i>Blacksmith</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Blacksmithing</i>	
11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James M. Devine</i>		13b. MOTHER'S MAIDEN NAME <i>Fatherina Callie A. Devine</i>	
14. NAME OF HUSBAND OR WIFE <i>James M. Devine</i>		15. SOCIAL SECURITY NO. <i>None</i>	
16. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Callie A. Devine</i>		17. ADDRESS <i>Dadeville Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>None</i>			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Viral Influenza</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Congestion Lungs, stomach</i>			
DUE TO (c)			
11. 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 <i>492 x</i>	
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 <i>5 PM</i> <i>May 1 1951</i> , to <i>9:30 PM</i> <i>May 2 1951</i> , that I last saw the deceased alive on <i>May 2</i> , 19 <i>51</i> , and that death occurred at <i>3:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>B B Kirby M.D.</i>		23b. ADDRESS <i>Dadeville Mo</i>	
23c. DATE SIGNED <i>May 17</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 3 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Winley Graves Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>West of Fair Play, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>5-10-51</i>		REGISTRAR'S SIGNATURE <i>Geor Weir</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Willard Barwin</i>		ADDRESS <i>Dadeville Mo</i>	

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

1290

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAY 14 1951

Dist. File 531-9103

Date F. 5/12/51

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.....

Harold B. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.