

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23521

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY KNOX				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY KNOX					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDINA				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDINA 0520					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) MARTIN			b. (Middle) PATRICK		c. (Last) DEVENVY		4. DATE OF DEATH (Month) (Day) (Year) July 15 1951		
5. SEX M		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 24 1872		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. 78 4 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming			11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME DAN DEVENVY			13b. MOTHER'S MAIDEN NAME MARY MEE			14. NAME OF HUSBAND OR WIFE ALICE DEVENVY			
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 ADDRESS Edna Clark Edna Knox				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia of blood 2 weeks						INTERVAL BETWEEN ONSET AND DEATH 1950	
19a. DATE OF OPERATION OCT 4 1950		19b. MAJOR FINDINGS OF OPERATION. Carcinoma of Stomach.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X				
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 alive on July 14, 1951 and that death occurred at 9:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Meldeo B. How MD				23b. ADDRESS Knox City Mo		23c. DATE SIGNED 7/17/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 18, 1951		24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S NEW CATHOLIC Cem.		24d. LOCATION (City, town, or county) (State) EDINA Mo.			
DATE REC'D BY LOCAL REG. July-17-1951		REGISTRAR'S SIGNATURE Neil S. Humatt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gaul C. Kueghausen Edina Mo					

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

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RECEIVED
JUL 21 1951

OCT 10 1951

Date Received: JUL 21 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-511299
Date Filed: JUL 21 1951

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 Paul C. Krieshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.