

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1737

State File No.

FILED JAN 31 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 10

493

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>0470</u> | |
| c. LENGTH OF STAY (in this place) <u>1 1/2 yr</u> | | d. STREET ADDRESS (If rural, give location) <u>no</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1235 James St</u> | | | |

| | | | | | |
|---|---|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>Charles H. Devers</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13-52</u> | | |
| a. (First) | b. (Middle) | c. (Last) | 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u> |
| 8. DATE OF BIRTH <u>10-11-1893</u> | 9. AGE (in years last birthday) <u>78</u> | 10. USUAL OCCUPATION (Give kind of work (Specifying most of working life, even if retired) <u>Retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>no</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Caro Devers</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Shore Carthage MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture left hip -</u> | | | |
| ANTECEDENT CAUSES | DUE TO (b) _____ | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS* <u>Chronic pulmonary disease - (saw patient only once)</u> | | | ? |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------------|---|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>116 E 9037 44</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|---|--|

| | | |
|---|---|--|
| 21a. ACCIDENT (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>nursing home</u> | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Carthage Jasper MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 6 1952</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell onto floor of bed room</u> |

22. I hereby certify that I attended the deceased from Jan 8, 1952, to Jan 8, 1952, that I last saw the deceased alive on Jan 8, 1952 and that death occurred at 6:30 p.m. from the causes and on the date stated above.

| | | |
|---|---------------------------------|--------------------------------------|
| 23a. SIGNATURE <u>C. H. Devers M.D.</u> (Degree or title) | 23b. ADDRESS <u>Carthage MO</u> | 23c. DATE SIGNED <u>Jan 20, 1952</u> |
|---|---------------------------------|--------------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-15-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Carthage MO</u> |
|---|--------------------------|---|--|

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|---|---|--|
| DATE REC'D BY LOCAL REG. <u>1-23-52</u> | REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson & Sons Carthage MO</u> |
|---|---|--|

RECEIVED 1-28-52
Jasper County Health Office

County File Number 52/1/71

Date Filed 1-29-52

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. me

working under my personal supervision.

Student
Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Savoy, 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.