

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Reg. 99406

APR 8 1952

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **841**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) BROWNSTOWN	
c. LENGTH OF STAY (in this place) 13 Days		d. STREET ADDRESS (If rural, give location) RR #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		8. DATE OF BIRTH 2/24/96	
3. NAME OF DECEASED a. (First) JAMES b. (Middle) P. c. (Last) DIVELEY		4. DATE OF DEATH (Month) (Day) (Year) 3/28/52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years last birthday) 56 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) Fayette Co., Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Diveley	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Chloe Diveley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) Yes World I		16. SOCIAL SECURITY NO. 341-16-7839	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF THE SIGMOID 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	
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) V.A.		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 1/15 , 19 52 , to 3/28 , 19 52 , and that death occurred at 5:30 P.M., from the causes and on the date stated above.	
23. SIGNATURE Herbert R. Donke		23b. ADDRESS V.A. HOSPITAL - JEFF. BRKS. MO.	
23c. DATE SIGNED		23d. NAME OF CEMETERY OR CREMATORY FORBIS	
23e. ADDRESS J. C. Reeg. Nandania Ill.		24. LOCATION (City, town, or county) (State) FAYETTE ILL.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-31-52	
24c. NAME OF CEMETERY OR CREMATORY FORBIS		24d. LOCATION (City, town, or county) (State) FAYETTE ILL.	
DATE REC'D BY LOCAL REG. 3-29-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD	
25. FUNERAL DIRECTOR'S SIGNATURE J. C. Reeg. Nandania Ill.		ADDRESS	

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

4000

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 _____

NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J. C. [Signature]

Licensed Embalmer No. 5492

P. O. Address Vandalia, Illinois

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.