

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> 8750	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Highway 66 near Independence</u>		d. STREET ADDRESS (If rural, give location) <u>424 N. Second St.</u>	
3. NAME OF DECEASED a. (First) <u>Bertha</u> b. (Middle) <u>Pinkston</u> c. (Last) <u>Devore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 28, 1884</u>
9. AGE (In years) (last birthday) <u>68</u> (Months) <u>2</u> (Days) <u>4</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	
11. BIRTHPLACE (State or foreign country) <u>Cedar Point Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Pinkston</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jolly</u>	
14. NAME OF HUSBAND OR WIFE <u>A. S. Devore</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Dale P. Devore</u>	
17. ADDRESS <u>Independence, Kan.</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.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken left leg at knee + ankle</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Broken right arm at elbow		DUE TO (b) <u>possible chest injuries</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Car over turning</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Shock Concussion.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>053</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Phillipsburg Laclede Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 2, 1952 12:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Car overturned throwing her out</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Richard L. Palmer</u>		23b. ADDRESS <u>Coroner Lebanon Mo.</u>	
23c. DATE SIGNED <u>9/3/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u>	
25. ADDRESS <u>Lebanon</u>		DATE REC'D BY LOCAL REG. <u>9-3-1952</u>	
REGISTRAR'S SIGNATURE <u>Hella L. Slay</u>		25. ADDRESS <u>Holman Funeral Home</u>	

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

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Received **SEP 9 1950**

Laclede County Health Unit

File No. 9-52-119

Date Filed **SEP 9 1950**

MAR 25 1953

SEP 29 1950

NOV 17 1955

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.....
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.