

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38125**

NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5343** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North twp.	
c. LENGTH OF STAY (In this place) 3 years		d. STREET ADDRESS (If rural, give location) 9 mi N. of Greenfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 mi N. of Greenfield			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Frances	c. (Last) Divine	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 21, 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10 Days 23	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Dade County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME E. B. Shipley	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Medlin	14. NAME OF HUSBAND OR WIFE Charles Divine
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hollis A. Divine, Star Rt #1, Greenfield, Mo.	ADDRESS Greenfield, Mo.
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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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block		
	ANTECEDENT CAUSES Morbid 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 10, 1952**, to **Nov 14, 1952**, that I last saw the deceased alive on **Nov 10, 1952**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. O. Conaway MD (Degree or title)	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 11-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Wetzel Cemetery	24d. LOCATION (City, town, or county) (State) Dade County, Mo.
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DATE REC'D BY LOCAL REG. 11-17-52	REGISTRAR'S SIGNATURE J. C. Canada 478	FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, N.H.*

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.