

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8386

State File No.

58

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No.

970
2

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>eye 0. 24</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missioni State School</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beverly</u> b. (Middle) <u>Ann</u> c. (Last) <u>De Vinna</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 5 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr 26 - 1934</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	IF UNDER 24 Hrs. Hours <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patient</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lawrence E. De Vinna</u>	13b. MOTHER'S MAIDEN NAME <u>Hester B. Gray</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State School Records</u>	ADDRESS <u>Marshall</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	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. <u>Hypoglycemia I think</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 26, 1953, to Mar 5, 1953, that I last saw the deceased alive on Mar 5, 1953, and that death occurred at 2:17 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. L. Lawrence M.D.</u> (Degree or title)	23b. ADDRESS <u>Mo State School</u>	23c. DATE SIGNED <u>Mar 3 - 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>3/7/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>4 MI North of Versailles, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-6-1953</u>	REGISTRAR'S SIGNATURE <u>Richard T. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William B. FREDWELL</u>	ADDRESS <u>2000 Versailles, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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. Leslie Sumner

Licensed Embalmer No. *52350*

P. O. Address *Marshall, 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.