

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27659**
 0061
 DEATH NO. **AUG 24 1953**
REG. DIST. NO. **15**PRIMARY REG. DIST. NO. **3004**Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lamar	
b. CITY (If outside corporate limits, write RURAL and give town or township) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Lamar	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location) 0061	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) LUM		b. (Middle) WADDIE	
c. (Last) DIVINE		c. (Last) DIVINE	
5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Mar 1 1881	
9. AGE (In years last birthday) 72-5-20		10. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Dade County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Andrew Divine		13b. MOTHER'S MAIDEN NAME Elizabeth Orrell	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xxx	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Jones, Lamar, Missouri	
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) Cerebral Embolism		3-4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured hip		30 days	
DUE TO (c) Hypostatic Pneumonia			
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 checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from 8-3 , 19 53 , to 8-21 , 19 53 , that I last saw the deceased alive on 8-20 , 19 53 , and that death occurred at 6:10a m. , from the causes and on the date stated above.			
23a. SIGNATURE H.M. Arnold M.D.		23b. ADDRESS Lamar, Missouri	
23c. DATE SIGNED 8-21-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 23, 1953	
24c. NAME OF CEMETERY OR CREMATORY Bethlehem		24d. LOCATION (City, town, or county) (State) Dade County, Missouri	
DATE REC'D BY LOCAL REG. 22 Aug 53		REGISTRAR'S SIGNATURE Marie Konantz	
25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Norman J. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Missouri

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.