No. 300
10.48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14947

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 587

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dekalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stewartsville
d. STREET ADDRESS (If rural, give location): 0220 1

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): HAROLD
c. (Last): DE VALL

4. DATE OF DEATH (Month) (Day) (Year): 6 / 6 / 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5/30/1885
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman, Interstate
10b. KIND OF BUSINESS OR INDUSTRY: Business Assn.
11. BIRTHPLACE (State or foreign country): Stewartsville Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel DeVall
13b. MOTHER'S MAIDEN NAME: Susanna Harvey
14. NAME OF HUSBAND OR WIFE: Jewell De Vall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: O. L. De Vall Stewartsville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Perforated Peptic Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 29 hours

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. 5401

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1954, *to* June 6, 1954 *that I last saw the deceased alive on* June 6, 1954 *and that death occurred at* 9:25 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. T. Irvine, M.D.
23b. ADDRESS: Stewartsville, Mo.
23c. DATE SIGNED: 6-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/9/54
24c. NAME OF CEMETERY OR CREMATORY: Stewartsville
24d. LOCATION (City, town, or county) (State): Stewartsville, Mo.

DATE REC'D BY LOCAL REG.: June 9, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. E. Summerfield Stewartsville, Mo.

(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 R. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Shewartsville, Mi

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.