

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15142**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Cape Girardeau</u>	4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217 Mason St.</u>		e. STREET ADDRESS (If rural, give location) <u>217 Mason St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>E L L A</u>	b. (Middle) <u>M.</u>	c. (Last) <u>DEVORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 29, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	9. AGE (In years last birthday) <u>84</u> If OVER 1 YEAR: Months _____ Days _____ If UNDER 1 YEAR: Hours _____ Min. _____
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	13a. FATHER'S NAME <u>Thomas J. Witt</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>L. J. Devore</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John L. High Adame, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 MO</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>15 yrs</u>
	DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>		<u>15 yrs</u>
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 Oct 1, 1953 to May 15, 1954, that I last saw the deceased alive on May 15, 1954 and that death occurred at 2:23 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward D. Campbell MD</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>May 19, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marys Memorial Pk. Adame, Mo.</u>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Lloyd S. Meyer Dr. Adame</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>5-21-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	(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.....
Signature of Student Embalmer

Signed *William H. May*.....

Licensed Embalmer No. *464*.....

P. O. Address *Adams*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.