

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29690**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY OR TOWN <u>Cora</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>105th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Devore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 14, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 23, 1895</u>	9. AGE (In years last birthday) <u>59</u> if UNDER 1 YEAR: Months <u>7</u> Days <u>21</u> if UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lincoln Hoyt</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Pettit</u>	14. NAME OF HUSBAND OR WIFE <u>William K. Devore</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>W. K. Devore</u> ADDRESS <u>Cora - Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decomposition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Coronary occlusion</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c)		<u>10 1/2 hrs</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 <u>4201</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 July 9, 1954, to Sept. 14, 1954, that I last saw the deceased alive on Sept. 14, 1954, and that death occurred at 7:40A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. T. Cueliser M.D.</u>	23b. ADDRESS <u>Cuba, Mo</u>	23c. DATE SIGNED <u>Sept 14, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-18-54</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenig</u> ADDRESS <u>Wulan Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1955

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..... *Dwight Schoene*

Licensed Embalmer No. *266*

P. O. Address *Milan*

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.