

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43276**
6024

| | | | | | | | | |
|--|--|---|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1000 Registrar's No. 6024 | | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 3 yrs. | c. CITY OR TOWN Kansas City | | d. 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 Armour Home 8100 Wornall | | | STREET ADDRESS (If rural, give location) 8100 Wornall Rd. 3938 0 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE | | b. (Middle) O. | | c. (Last) DIVELBISS | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1954 | | 5. SEX male | | 6. COLOR OR RACE white | | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Sept. 20, 1869 | | 9. AGE (In years last birthday) 85 | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hotel Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois / | | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME George Western Divelbiss | | 13b. MOTHER'S MAIDEN NAME Nellie Dowd | | | | |
| 14. NAME OF HUSBAND OR WIFE Jennie Gertrude Divelbiss | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 494-14-6694 | | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Elizabeth R. Schreifer | | ADDRESS 8100 Wornall | | | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Embolus DUE TO (c) Coronary Occlusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs 10 hrs 11 hrs 42-01 | | |
| 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 August 1, 1954 to 12-28, 1954 , that I last saw the deceased alive on 12-28, 1954 , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Chester E. Lee (Degree or title) Chester E. Lee M.D. | | | 23b. ADDRESS 411 Wornall Rd. Wornall | | 23c. DATE SIGNED 12-30-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12/31/54 | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley | | 24d. LOCATION (City, town, or county) (State) Stanley, Kansas | | | |
| DATE REC'D BY LOCAL REG. 12-31-54 | | REGISTRAR'S SIGNATURE neva minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO. | | | | |

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

Dr. Chester Lee

Large time study

Je 2116

Room 174

About 2:00 - At home

2609 W. 50th

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 *Elmo O. Tipler*

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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.