

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4245

State File No. ....

No. 500  
10-48

FILED MAR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>NORTH KANSAS CITY</u> )		c. LENGTH OF STAY (in this place) (in nap) <u>1 DAY</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ARROWHEAD IRON CENTRY</u>		STREET ADDRESS (If rural, give location) <u>2326 TROOST 3438</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLLIE</u>	b. (Middle) <u>D</u>	c. (Last) <u>DIVINEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 10 1955</u>
-------------------------------------	-------------------------	----------------------	--------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 1, 1900</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work or during most of working life, even if retired) <u>RIVETER ARROWHEAD IRON</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>NASHVILLE, TENN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>SPENCER DIVINEY</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>AGNES DIVINEY</u>
---	---------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>YES</u> (If yes, give year of discharge) <u>WW I</u>	16. SOCIAL SECURITY NO. <u>492-14-7392</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. AGNES DIVINEY</u>	ADDRESS
--	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		
	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.			

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.S. Pat and Coover</u>	23b. ADDRESS <u>North Kansas City Mo.</u>	23c. DATE SIGNED <u>3/11/55</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-11-55</u>	REGISTRAR'S SIGNATURE <u>Marquette Hudgins</u>	494	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMERS SONS K.C. MO.</u>	ADDRESS
---	--	-----	--	---------

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

00  
3

3

APR 25 1955

APR 22 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 *Basil Honey*.....

Licensed Embalmer No. *472*

P. O. Address *A.C., Ill.*

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.