

8643

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4958</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Knox</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Knox</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Edina, Missouri</b> )		c. LENGTH OF STAY (in this place) <b>Lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township): <b>0520</b>		OR TOWN <b>Edina, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Delia</b>	b. (Middle) <b>Bridget</b>	c. (Last) <b>Deveny</b>	Month <b>March</b>	Day <b>29</b>	Year <b>1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Nov. 14, 1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Month <b>4</b>	IF UNDER 12 HRS. Days <b>15</b>	IF UNDER 1 MIN. Hours <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Daniel Deveny</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Mee</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ella Clark Edina, Missouri</b>			
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.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Emphysema</b>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5271</b>				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 <b>Jan 6, 1955</b> , to <b>Feb 29, 1955</b> , that I last saw the deceased alive on <b>Mar 24, 1955</b> , and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. J. Phillips D.O.</b>				23b. ADDRESS <b>Edina Mo</b>		23c. DATE SIGNED <b>3/29-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-31-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Joseph Old Cemetery</b>		24d. LOCATION (City, town, or county) (State). <b>Edina Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Mar. 30-56</b>		REGISTRAR'S SIGNATURE <b>Helle S. Dunolt 151</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul C. Krieger Edina Mo.</b>			

(Licensed Embellisher's Statements on Reverse Side)

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

S. No. 300  
V. 10.48

520

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 Paul C. Kieglehauser

Licensed Embalmer No. 4085

P. O. Address Edina Mo.

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.