

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17840

State File No. ....

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 600

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion Twp.		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 2 Easton, Mo.		e. CITY OR TOWN Easton	
		f. STREET ADDRESS (If rural, give location) RFD # 2	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) McDevitt	
		c. (Last) McDevitt	
		4. DATE OF DEATH June 13, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 31, 1871
		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	
		11. BIRTHPLACE (City and State or Foreign Country) Helena, Mo.	
13a. FATHER'S NAME Patrick McDevitt		13b. MOTHER'S MAIDEN NAME Margaret Mahar	
		14. NAME OF HUSBAND OR WIFE None	
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. None	
		17. INFORMANT'S SIGNATURE OR NAME Mrs James Sweeney	
		ADDRESS St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>	
		ANTECEDENT CAUSES	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) <i>Embolicism right leg</i>	
		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	
		410 X	
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) (m.)	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 <i>June 10 1955</i> , to <i>June 12, 1955</i> , that I last saw the deceased alive on <i>June 11 1955</i> , and that death occurred at <i>8:00a</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>G. F. Kimball</i>		23b. ADDRESS <i>3816 Seneca St. Joseph Mo</i>	
		23c. DATE SIGNED <i>June 11-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June-15, 55	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Hurlingen, Mo.
DATE REC'D BY LOCAL REG. June 15, 1955	REGISTRAR'S SIGNATURE <i>Bethel M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman W. Sidenfaden</i> ADDRESS <i>St. Joseph Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

Kimball 3816 Series

**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.....  
*Robert G. Gagliardi*  
Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.