

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21138**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **740**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan 0117	
b. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 32 years	c. CITY OR TOWN St. Joseph	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 906 N. 9th St.		e. STREET ADDRESS (If rural, give location) 906 N. 9th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ralph	b. (Middle) Earl	c. (Last) DeVary	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 15, 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Package Dep't	10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co.	11. BIRTHPLACE (City and State or Foreign Country) Weatherby, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John DeVary	13b. MOTHER'S MAIDEN NAME Dollie unknown	14. NAME OF HUSBAND OR WIFE Pearl
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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) no	16. SOCIAL SECURITY NO. 491-10-0130	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl DeVary	ADDRESS 906 N. 9th St. St. Joseph, Mo.
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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, ashenia, 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) Acute Coronary Occlusion		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis (unknown) DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Man died while alone in his home. There is no history of recent serious illness or disability.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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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?
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22. I hereby certify that I attended the deceased from **7/19, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy (Coroner)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 7/19/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/21/1955	24c. NAME OF CEMETERY OR CREMATORY Alta Vista Cemetery	24d. LOCATION (City, town, or county) (State) Weatherby, Missouri
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DATE REC'D BY LOCAL REG. July 22, 1955	REGISTRAR'S SIGNATURE Eather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Hester - Bowen - St. Joseph, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1956

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.....
Licensed Embalmer No. 4950

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.