

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1956

State File No. **20467**
Registrar's No. **2497**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 OR TOWN KAUSA S CITY	c. LENGTH OF STAY (in this place) 1 days.	c. CITY OR TOWN KAUSA S CITY	d. 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 6907 Indiana Avenue		e. STREET ADDRESS (If rural, give location) 6907 INDIANA AVENUE 3880	

3. NAME OF DECEASED (Type or Print)	a. (First) LOU	b. (Middle) LUCINDA	c. (Last) DIVEN	4. DATE OF DEATH (Month) (Day) (Year) June 5 1956
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5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug 21, 1897	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ATTORNE	11. BIRTHPLACE (City and State or Foreign Country) ELDON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME J. B. WHITE	13b. MOTHER'S MAIDEN NAME MARTHA DANIELS	14. NAME OF HUSBAND OR WIFE W. L. DIVEN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes (no, or unknown) (If yes, give war or date of service)) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HERMAN B. KILCREASE, 6907 INDIANA, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GAS & ASHD in decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition - dehydration		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **6-4-1956**, to **6-5-1956**, that I last saw the deceased alive on **6-4-1956**, and that death occurred at **9:35 pm.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Lawrence M. Field, M.D.	22b. ADDRESS K. Gen. Hosp #1, K.C. Mo	22c. DATE SIGNED 6-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 8 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Comfort Cemetery	24d. LOCATION (City, town, or county) (State) FAYETTEVILLE ARKANSAS
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DATE REC'D BY LOCAL REG. 6-7-56	REGISTRAR'S SIGNATURE Neva Marshall	FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons, Kansas City, Mo	5. ADDRESS 1331 1/2 E. Broadway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Lawrence M. Field

Amelia Brown

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 *Ernest J. Lee*

Licensed Embalmer No. *40*

P. O. Address *Kennett*

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.