

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20891

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>280</u>									
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY NEWTON							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN SHOAL CREEK		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSPITAL				e. STREET ADDRESS (If rural, give location) ROUTE 4, JOPLIN				8121							
3. NAME OF DECEASED (Type or Print)			a. (First) JOHN			b. (Middle) L.			c. (Last) DEVANEY			4. DATE OF DEATH (Month) (Day) (Year) JUNE 22, 1956			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 1, 1902		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK				10b. KIND OF BUSINESS OR INDUSTRY TRI-STATE PAINT MFG CO.				11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME FRANK DEVANEY				13b. MOTHER'S MAIDEN NAME LULA STEPHENS				14. NAME OF HUSBAND OR WIFE THELMA DEVANEY							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME MRS. THELMA DEVANEY, RT. 4, JOPLIN				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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction								INTERVAL BETWEEN ONSET AND DEATH immed.			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multiple infarcts								8 days			
				DUE TO (c) decompensating heart,								unknown			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. coronary fibrosis								unknown			
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) 4201							
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 6-16-56 , 19____, to 6-22-56 , 19____, that I last saw the deceased alive on 6-22- , 19____, and that death occurred at 8:52 P. M. , from the causes and on the date stated above.															
23a. SIGNATURE <i>[Signature]</i>								23b. ADDRESS 521 W. 4th Joplin, Missouri				23c. DATE SIGNED 6-25-56			
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL				24b. DATE 6-25-56				24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL				24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI			
DATE REC'D BY LOCAL REG. 6-26-56				REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE TEVE PARKER MORTUARY, JOPLIN, MO.				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48-26
6

Date Filed JUL 2 1955

JAN 31 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 *F. M. Jones*

Licensed Embalmer No. 23

P. O. Address *Jap. la*

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.