

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014154

STATE FILE NUMBER
1717

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1717

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. I. Whim

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 228 WEST 16th St		Length of stay in lb 10 Mo.	d. STREET ADDRESS 228 West 16th St		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NELLIE BLANCHE DEVORE			4. DATE OF DEATH Month Day Year 4 - 1 - 1958		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1883		9. AGE (In years, months, days, hours, min.) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) JEFFERSON COUNTY, IOWA		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Edward Bayne		13b. MOTHER'S MAIDEN NAME HESSIE LEWIS		14. NAME OF HUSBAND OR WIFE ARTHUR DEVORE	
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. 479-28-4544		17. INFORMANT ROY DEVORE 228 West 16th K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis DUE TO (c) chronic				INTERVAL BETWEEN ONSET AND DEATH U201	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 1957 to death and last saw her alive on 4-1-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. I. Whim (Degree or title) MO			22b. ADDRESS 326 W 12		22c. DATE SIGNED 4-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-4-58		23c. NAME OF CEMETERY OR CREMATORY Eldon CEMETERY	
23d. LOCATION (City, town, or county) Eldon, Iowa		(State)			
25. DATE RECD. BY LOCAL REG. 4-3-58			26. REGISTRAR'S SIGNATURE newa minshall		
24. FUNERAL DIRECTOR ADDRESS B. E. WEILERT 2332 MONITOR PLACE K.C. Mo.					

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 *B. E. Wulert*

Licensed Embalmer No. *4075*

P. O. Address *L.C.S. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.