

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000269

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 65

FILED JAN 26 1959

300
1-57

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, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 6112 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hosp.		Length of stay in lb 25 years	d. STREET ADDRESS (If outside, give location) 1017 Isadore Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last IVA ELIZABETH DE VAULT			4. DATE OF DEATH Month Day Year Jan. 16, 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23, 1897
9. AGE (In years last birthday) 61		10. MONTHS	11. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning Co.	11. BIRTHPLACE (City and state or country) Andrew County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George DeVault	
13b. MOTHER'S MAIDEN NAME Ida M. Wilson		14. NAME OF HUSBAND OR WIFE	
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. 491-10-3738	17. INFORMANT Earl DeVault, R. R. #4, Savannah, 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) <i>Acute myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <i>H201</i>	
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.) <i>DOA - St. Josephs Hosp</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>DOA - St. Josephs Hosp</i> and last saw her alive on _____ Death occurred at <i>2:00 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.T. Carpenter</i> (Degree or title)		22b. ADDRESS <i>902 Edmond</i>	22c. DATE SIGNED <i>1/19/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>1/18/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Long Branch Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Andrew County, Mo.</i>
24. FUNERAL DIRECTOR <i>Hector Bowman</i> ADDRESS <i>St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan 21, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

All diseases in Part I must be causally related.
 Dr. G.T. Carpenter
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

APR 29 1959

NOV 13 1962

W. Carpenter

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 *John W. Hendricks*

Licensed Embalmer No. *4848*

P.O. Address *N.C. S.M.O.*

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.