

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004429

STATE FILE NUMBER
15

FILED MAR 3 1959 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 15

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Barton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar | | c. CITY OR TOWN Lamar | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital | | d. STREET ADDRESS (If outside, give location) 1105 Maple St. | |
| Length of stay in lb 3 Weeks | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First LUCY Middle GRIGGS Last DIVINE | | | 4. DATE OF DEATH Month February Day 27 Year 1959 | | |
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|-------------------------|----------------------------------|---|---|--|---|--|
| 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 May 28, 1892 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 8 Days 29 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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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 Own Home | 11. BIRTHPLACE (City and state or country) Dade County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. A. |
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| 13a. FATHER'S NAME Millard M. Johnson | 13b. MOTHER'S MAIDEN NAME Nancy E. McGarvey | 14. NAME OF HUSBAND OR WIFE Dudley M. Divine |
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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. 493-14-2231 | 17. INFORMANT Address Mrs. Leta Blanchard, Lamar, Missouri |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Gall Bladder & Liver Found at operation & Biopsy of liver. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH July 31, 1958 |
| 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"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ 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 Lamar | COUNTY Barton | STATE Missouri |
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| 21. I attended the deceased from July 18, 1958 to Feb. 27, 1959 and last saw her alive on Feb. 27, 1959 Death occurred at 8:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE John T. Beckel, M.D. | (Degree or title) | 22b. ADDRESS Lamar, Mo. | 22c. DATE SIGNED 2/28/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 1, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery | 23d. LOCATION (City, town, or county) Lamar, Missouri |
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| 24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri | ADDRESS | 25. DATE RECD. BY LOCAL REG. FEB 28 '59 | 26. REGISTRAR'S SIGNATURE Marie Konantz |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

MAR 6 1959

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 *Norman L. Thompson*

Licensed Embalmer No. *4416*
P. O. Address *Lamar, 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. (S) .

If this body is not embalmed, fact should be so stated above.