

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018489

FILED VS MAY 23 1960 042

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 565

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gower, Tremont Twsp;		Length of stay in lb 10 years		c. CITY OR TOWN Gower	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 Mi. N.W. Gower		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 1/2 Mi. N.W. Gower		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SARAH JANE DIVELBISS				4. DATE OF DEATH Month Day Year May 6 1960			
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 9-16-1868	
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (City and state or country) Stewartsville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nelson Williams			13b. MOTHER'S MAIDEN NAME Malinda Bailey			14. NAME OF HUSBAND OR WIFE Sam Divelbiss	
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. none		17. INFORMANT Address K. 6, Mo. Doris D. Kelley-2800 Peery Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral Thrombosis						36-48 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Atherosclerosis						10 years	
DUE TO (c) Generalized Arteriosclerosis						15 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 Aug. 1958 to May 6, 1960 and last saw her alive on April 29, 1960. Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John P. Mabrey M.D.				22b. ADDRESS Plattsburg, Missouri		22c. DATE SIGNED 5-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 8, 1960		23c. NAME OF CEMETERY OR CREMATORY Keller Cemetery		23d. LOCATION (City, town, or county) (State) Hemple (Clinton Co.) Mo.	
24. FUNERAL DIRECTOR ADDRESS Clarence E. Hixon Gower, Mo				25. DATE RECD. BY LOCAL REG. May 18, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell	

DOCUMENT

BY AFFIDAVIT OF J.P. Mabrey M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald R Butcher

Licensed Embalmer No. 4957

P. O. Address Trimble

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.