

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018323

STATE FILE NUMBER

AMENDED

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. \_\_\_\_\_

**FILED JUN 12 1961**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charleston</b>	Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Charleston</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>204 N. 5th St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>204 N. 5th St.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Barry</b> Middle <b>Mill</b> Last <b>Dever</b>	4. DATE OF DEATH Month <b>6</b> Day <b>5</b> Year <b>1961</b>
--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/12/1909</b>	9. AGE (last birthday) <b>51</b>	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) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Used Furniture</b>	11. BIRTHPLACE (City and state or country) <b>Charleston, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
--	--	--	---

13a. FATHER'S NAME <b>Roy Dever</b>	13b. MOTHER'S MAIDEN NAME <b>Ned McElyea</b>	14. NAME OF HUSBAND OR WIFE <b>Lucy Black Dever</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>400 01 2740</b>	17. INFORMANT <b>Charleston, Mo.</b> <b>Mrs Lucy Dever, 204 N. 5th St.</b>
--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ac. Coronary Thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>a.s. Heart disease</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) <b>Myocardial Infarct Feb. 12 1961</b>	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 _____ a.m. _____ p.m.	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 <b>Feb. 12 1961</b> to <b>June 5 1961</b> and last saw him alive on <b>June 5 1961</b> Death occurred at <b>his home</b> <b>9 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>E. Charles Kalving M.D.</b>	22b. ADDRESS <b>Charleston, Mo.</b>	22c. DATE SIGNED <b>6-6-61</b>
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-8-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>
--	----------------------------	---	---

24. FUNERAL DIRECTOR'S ADDRESS <b>Joe Nunnelee Funeral Chapel</b>	25. DATE RECD. BY LOCAL REG. <b>6/12/61</b>	26. REGISTRAR'S SIGNATURE <b>Wanda W. M.D.</b>
--	--	---

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUN 30 1961

OCT 8 1961

JUN 13 1961

**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 T. [Signature]*  
Licensed Embalmer No. 3851

P. O. Address Charleston, S.C.

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.