SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-024590
STATE FILE NUMBER

AMENDED

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 61-63

FILED AUG 15 1961

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8 mi.NE Golden City
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN Lamar R.F.D. 4
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8 mi.NE Golden City
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last
HOWARD EDWARD DIVINE

4. DATE OF DEATH Month August Day 4 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/23/1920
9. AGE (last birthday) 41
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Anderson, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward Walter Divine
13b. MOTHER'S MAIDEN NAME Rebecca Johnson
14. NAME OF HUSBAND OR WIFE Rosalee Divine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Rosalee Divine, R.4, Lamar, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Heart Stroke — 1hr approx
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Alcoholism (several years)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb 2, 1958 to 8-4-61 and last saw her alive on 8-4-61
Death occurred at approx 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert M. Arnold M.D. (Degree or title)
22b. ADDRESS Lamar, Missouri
22c. DATE SIGNED 8-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug.6,1961
23c. NAME OF CEMETERY OR CREMATORY Maple Grove
23d. LOCATION (City, town, or county) (State) Dade Co., Mo.

24. FUNERAL DIRECTOR Phillips Funeral Home, ADDRESS Golden City, Mo.
25. DATE RECD. BY LOCAL REG. 8/9/1961
26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

AUG 17 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 H. Lowell Pugh

Licensed Embalmer No. 4951

P. O. Address Golden City, 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.