

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002522

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 382 Primary Registration District No. 5658 Registrar's No. 153

STATE FILE NUMBER

AMENDED

| | | | |
|--|--|--|---|
| 1. FILED FEB 7 1962 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Lawrence</u> | | a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u> | | c. CITY OR TOWN <u>Mt. Vernon, Missouri</u> | |
| Length of stay in 1b <u>261 das.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State San.</u> | | d. STREET ADDRESS (If outside, give location) <u>R. R. #3</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>L.</u> Last <u>DeVore</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>2</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1/4/96</u> |
| 9. AGE (last birthday) <u>66</u> | | IF UNDER 1 YEAR Months <u></u> Days <u></u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u> | 11. BIRTHPLACE (City and state or country) <u>Warren, Pa.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Robert DeVore</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Rose Nottingham</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lelah</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Med. Records, Mo. S.S., Mt. Vernon Mo</u> | | Address <u></u> | |
| 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) <u>Generalized carcinomatosis</u> | | | <u>approx. 8 mo</u> |
| DUE TO (b) <u>Bronchogenic Carcinoma</u> | | | <u>" "</u> |
| DUE TO (c) <u></u> | | | <u>" "</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary tuberculosis far advanced, active</u> | | | 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 <u></u> Month, Day, Year <u></u> | a.m. <u></u> p.m. <u></u> | | |
| 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.) <u></u> | 20f. CITY, TOWN, OR LOCATION <u></u> | COUNTY <u></u> STATE <u></u> |
| 21. I attended the deceased from <u>5/16/61</u> to <u>2/2/62</u> and last saw xxx him alive on <u>2/2/62</u> | | | |
| Death occurred at <u>12:07</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>H. Vernon Pengetting M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Mt. Vernon, Missouri</u> | 22c. DATE SIGNED <u>2/2/62</u> (State) <u>Mo</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>2-4-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Williams Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Mt. Vernon</u> |
| 24. FUNERAL DIRECTOR <u>H.D. Fossett F.H. - Mt. Vernon, Mo</u> | | ADDRESS <u></u> | 25. DATE RECD/ BY LOCAL REG. <u>2-5-62</u> |
| 26. REGISTRAR'S SIGNATURE <u>Kay Wynne</u> | | <u></u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 9 1962

FEB 13 1962

MAR 13 1962

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 [Handwritten Signature]

Licensed Embalmer No. 2201

P. O. Address Mr. Vernon

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.