

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009847
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 26

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1 0090	
2 0090	
3	
4 1	
5 2	
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7 0	
8 0	
9 444X	
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11	
12 90-0	
13 1-0	

FILED MAR 21 1962

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lutesville</u>		c. CITY OR TOWN <u>LUTESVILLE</u>	
Length of stay in lb <u>LIFE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt-2 - Home</u>		d. STREET ADDRESS (If outside, give location) <u>Rt-2 10mi. N. Lutesville</u>	
3. NAME OF DECEASED (Type or print) First <u>NORA</u> Middle <u>OCTAVIA</u> Last <u>DEVENPORT</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>F.M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 12 1882</u>
9. AGE (last birthday) <u>79</u>		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) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and state or country) <u>OAK Ridge, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.M. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>J.L. Devenport</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>Wm Devenport</u>		Address <u>Lutesville MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan 20th 1962</u> to <u>Mar 6th 62</u> and last saw her <u>live</u> on <u>Mar 2nd 1962</u> Death occurred at <u>8 o'clock p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edw. Crites M.D.</u>		22b. ADDRESS <u>Sedgewichville MO</u>	
22c. DATE SIGNED <u>5/8/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-8-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL</u>	23d. LOCATION (City, town, or county) (State) <u>PATTON, MO</u>
24. FUNERAL DIRECTOR <u>Gene Ward</u>		25. DATE RECD. BY LOCAL REG. <u>2/12/62</u>	
ADDRESS <u>Lutesville MO</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Kenneth Liley

Licensed Embalmer No. 5086

P. O. Address Lilesville, 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.