

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-024091

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5904 Registrar's No. 114

FILED JUN 21 1962

VS 300
Rev. 4/59

0790
0780

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville		Length of stay in 1b 25 yrs.	c. CITY OR TOWN Portageville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2		d. STREET ADDRESS Route 2	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James William Divinny			4. DATE OF DEATH Month Day Year June 13, 1962
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-97
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 6 Days 1 Hours - Min. -	IF UNDER 24 HR. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Sikeston, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James R. Divinny	
13b. MOTHER'S MAIDEN NAME Elize A. Ingram		14. NAME OF HUSBAND OR WIFE Grace Divinny	
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 Route 2 Grace Divinny, Portageville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Prostate gland DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 months 6 months
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 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 4-18-62 to 6-13-62 and last saw him alive on 6-13-62 Death occurred at 10:40 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James O. Lelbourn</i> (Degree or title) N.O. Lelbourn - Mo		22b. ADDRESS	22c. DATE SIGNED 6-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-14-62	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	23d. LOCATION (City, town, or county) Advance, Mo (State)
24. FUNERAL DIRECTOR Wm. H. Morgan, Advance, Mo.		25. DATE RECD. BY LOCAL REG. 6-16-62	26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 6 1962

NOV 1 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 W. H. May

Licensed Embalmer No. 4640

P. O. Address Advance, 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.

Funeral permit not obtained.

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