

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30081**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5514** Registrar's No. **502**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Osage Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Osage Twp	
c. LENGTH OF STAY (In this place) 60 yrs		d. STREET ADDRESS (If rural, give location) Osage Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osage Twp			

3. NAME OF DECEASED (Type or Print) Clifford Clarence Devine			4. DATE OF DEATH (Month) (Day) (Year) 9-13-1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-26-1886	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Henry Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Edwin Devine		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF MARRIAGE OR WIFE Dolly Devine	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dolly Devine Brownington		ADDRESS Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH INSTANT
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420-1			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) OSAGE, HENRY, MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD, Coroner	23b. ADDRESS 3 Clinton, Mo	23c. DATE SIGNED 14 Sept 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) 1541971	24b. DATE 9-16-1951	24c. NAME OF CEMETERY OR CREMATORY Brownington Cem	24d. LOCATION (City, town, or county) (State) Brownington, Mo
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DATE REC'D BY LOCAL REG. Sept 17-51	REGISTRAR'S SIGNATURE Florence Adair	42-21	25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Dunning	ADDRESS Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-24-51

JUN 22 1959

VS
MAY 3 1959

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 770

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.