

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33506

FILED OCT 7 1947
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 125

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 69 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MICHAEL E. DIVINE
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eva Dighton Divine
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 22 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 7
If less than one day .hr. min.

9. Birthplace Barton County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Famer

MOTHER FATHER
11. Industry or business
12. Name John Divine
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elise Divine
15. Birthplace North Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elan Divine
(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof Oct 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Cemetery

18. (a) Signature of funeral director Ronald Green
(b) Address Sheldon Mo

19. (a) 10-2-47 (b) Kathryn Jancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barton
(c) City or town Rural - Milford Mo
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 29
year 1947 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 25
1947 to Sept 29 1947
that I last saw him alive on Sept 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Forensic
Thrombosis & Pericarditis
Due to Chronic Cardio-Vascular
Renal Disease
Duration 10da

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None
Of operations None
Of autopsy None
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Ballathier MD (M. D. or other)
Address Nevada Mo Date signed 9-30-47
While at work? (Specify type of place) (e) Means of injury

RECEIVED
District Health Officer No. 7,
District No. 9. 4-7-1168
District File Number
Date Filed 10-6-47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Shelton Md

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.