

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15778**

FILED JUN 3 1950

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 5023		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Port-rural		c. LENGTH OF STAY (in this place) 5 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Atchison Co Infirmery				4. DATE OF DEATH (Month) (Day) (Year) April 22, 1950			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Teigarden		c. (Last) DeVault			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept 13, 1866		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8	IF UNDER 12 HRS. Days 9 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY odd jobs		11. BIRTHPLACE (State or foreign country) Macon City, Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Hiram DeVault		13b. MOTHER'S MAIDEN NAME Lavina Beck		14. NAME OF HUSBAND OR WIFE single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Estella Bennett ADDRESS St. Joseph, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Days cardiac Deception ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro. Vascula accident = left hemiplegia				INTERVAL BETWEEN ONSET AND DEATH < 30" 10 yrs. 42001 5 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-13 , 19 49 , to 11-23 , 19 49 , that I last saw the deceased alive on 11-23 , 19 49 , and that death occurred at 8:30p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. R. Empe				23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 5-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/25/50		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Missouri.	
DATE REC'D BY LOCAL REG. May 6 '50		REGISTRAR'S SIGNATURE Betty Crabtree		25. FUNERAL DIRECTOR'S SIGNATURE 4 ADDRESS Davis Funeral Home		Tarkio, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



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.

Signed _____

John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, Mo.

Signed _____
Student Embalmer

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.