

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29982

Registrar's No. 879

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>01 years</u>		d. STREET ADDRESS (If rural, give location) <u>301 W. Lynn Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDMUND</u>	b. (Middle) <u>JAMES</u>	c. (Last) <u>DEVEREUX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1950</u>
-------------------------------------	--------------------------	--------------------------	---------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>4 Dec. 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steam Fitter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building jobs</u>	11. BIRTHPLACE (State or foreign country) <u>Rosedale, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>James Devereux</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lloyd</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-03-7304</u>	17. INFORMANT'S SIGNATURE OR NAME <u>May Devereux, Springfield, Missouri</u>	ADDRESS
---	---	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of Aortic Aneurism</u>		
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>syphilitic aortitis</u> DUE TO (c) <u>Tertiary active syphilis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>023X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 4-4-, 1950, to 10-6-, 1950, that I last saw the deceased alive on 10-6, 1950, and that death occurred at 7:30A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. M. Klingner M.D.</u>	23b. ADDRESS <u>1630 W. Jefferson</u>	23c. DATE SIGNED <u>10-7-50</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8 Oct 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-9-50</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley md</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Thrane</u>	ADDRESS <u>Springfield, Mo.</u>
---	---	--	---------------------------------

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

396
0

1961/1 1376

1961 MAR 7

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 *Ralph H. Thieme*

Signed _____
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.