

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31133

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 24

1. PLACE OF DEATH
 a. COUNTY **Moniteau**
 b. CITY (If outside corporate limits, write RURAL and give town) **Fortuna** c. LENGTH OF STAY (in this place) **Life**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **No street numbers**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Moniteau** c. CITY (If outside corporate limits, write RURAL and give township) **Fortuna**
 d. STREET ADDRESS (If rural, give location) **No street numbers**

3. NAME OF DECEASED (Type or Print)
 a. (First) **EOLINE** b. (Middle) **-** c. (Last) **Devine**
 4. DATE OF DEATH (Month) (Day) (Year) **9/21/50**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **April, 17, 1878** 9. AGE (In years last birthday) **72** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (State or foreign country) **Johnstown, Pennsylvania** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **Hiram Berkey** 13b. MOTHER'S MAIDEN NAME **Norecord** 14. NAME OF HUSBAND OR WIFE **Fred Devine, (Dead)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. E.T. Hofstetter (Daughter) Fortuna**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Chronic Myelocytic Leukemia** MEDICAL CERTIFICATION: INTERVAL BETWEEN ONSET AND DEATH **2-3 yrs**
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) _____ DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS **Generalized Arteriosclerosis** Indefinite
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **March**, 1950, to **Sept**, 1950, that I last saw the deceased alive on **Sept 19**, 1950, and that death occurred at **4:35A** m., from the causes and on the date stated above.

23a. SIGNATURE **Ruth Kniffman, M.D.** (Degree or title) 23b. ADDRESS **Versailles, Mo.** 23c. DATE SIGNED **Sept 21, 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/23/50** 24c. NAME OF CEMETERY OR CREMATORY **Akinsville Cemetery** 24d. LOCATION (City, town, or county) (State) **Akinsville, Mo**

DATE REC'D BY LOCAL REG. **9-23-1950** REGISTRAR'S SIGNATURE **Mrs. Maude Hudson** 203 FUNERAL DIRECTOR'S SIGNATURE **James E. Richards, Taylor, Mo** ADDRESS _____

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

2670

RECEIVED 9/28
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9/28/66

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 Jamell - E - Richards
Licensed Embalmer No. 2466

P. O. Address Lipton 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.