

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40663  
Registrar's No. 5210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 40 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION 4470 Rockhill Terrace

d. STREET ADDRESS (If rural, give location) 4470 Rockhill Terrace

3. NAME OF DECEASED (Type or Print)  
a. (First) EDGAR b. (Middle) F. c. (Last) DeVILBISS

4. DATE OF DEATH (Month) (Day) (Year)  
12 10 50

5. SEX Ma

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-12-1882

9. AGE (In years last birthday) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician

10b. KIND OF BUSINESS OR INDUSTRY Medical

11. BIRTHPLACE (State or foreign country) California, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank DeVilbiss

13b. MOTHER'S MAIDEN NAME Maggie Pettigrew

14. NAME OF HUSBAND OR WIFE Mrs. Flo DeVilbiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Flo DeVilbiss, 4470 Rockhill Ter.

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) Acute coronary thrombosis  
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 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 7 days  
4 1/2

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 12-4, 1950, to 12-10, 1950, that I last saw the deceased alive on 12-10, 1950, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Welker (Degree or title) M.D. MD

23b. ADDRESS 836 Prof Bldg. K.C. 6 Mo.

23c. DATE SIGNED 12-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-12-50

24c. NAME OF CEMETERY OR CREMATORY Forest Hill

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 12-11-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.M. Wagner K.C. Mo.

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

11-6087

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 \_\_\_\_\_

*Ralph Baughman*

Student Embalmer No. 357

working under my personal supervision.

Signed *Alvin R. Harnischke*

Signed *Ralph Baughman*  
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address K. C. 2000

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.