

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30216**
4098

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) 719 Cypress	
d. FULL NAME OF HOSPITAL OR INSTITUTION 719 Cypress		d. STREET ADDRESS 719 Cypress	

3. NAME OF DECEASED (Type or Print) Delia DEVINE			4. DATE OF DEATH Sept. 25, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	
8. DATE OF BIRTH 7-17-82		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rich Hill, Missouri	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Thomas Galligher		13b. MOTHER'S MAIDEN NAME Mary Ann McGuinn		14. NAME OF HUSBAND OR WIFE John Devine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Devine, 719 Cypress, Kansas City, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 11 mos 155X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary in liver		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION April 27, 51		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHOLE AT <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-1-1944** to **9-25-1951**, that I last saw the deceased alive on **9-25-1951**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Thos. C. McHale MD		23b. ADDRESS 4620 Indep. Ave.		23c. DATE SIGNED 9-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-27-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					

DATE REC'D BY LOCAL REG. 9-26-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4620 Sunday
1 P.M.

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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: *Elmer E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.