

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1795**

FILED JAN 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **3**

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

<b>1. PLACE OF DEATH</b> a. COUNTY: <b>Johnson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE: <b>Missouri</b> b. COUNTY: <b>Johnson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <b>Warrensburg</b>		c. LENGTH OF STAY (In this place): <b>75 Yrs.</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <b>Warrensburg</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>701 So. College</b>		d. STREET ADDRESS (If rural, give location): <b>701 So. College</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Dock</b> b. (Middle) <b>Devasher</b> c. (Last) <b>Devasher</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 5 1952</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Mar. 4 1868</b>	
<b>9. AGE</b> (In years last birthday) <b>83</b>		IF UNDER 1 YEAR: <b>10</b> Months <b>1</b> Days	IF UNDER 2 HRS. <b>1</b> Hours <b>1</b> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farmer</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Bowlinggreen Ky.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>				
<b>13a. FATHER'S NAME</b> <b>Henry Devasher</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Williams</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>no</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Jennie Helt, Warrensburg, Mo</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.				
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4200</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>11-1</u>, 19<u>51</u>, to <u>1-5</u>, 19<u>52</u>, that I last saw the deceased alive on <u>1-5</u>, 19<u>52</u>, and that death occurred at <u>7:30 p.m.</u>, from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> (Degree or title) <b>Charles M. Lederer M.D.</b>		<b>23b. ADDRESS</b>		<b>23c. DATE SIGNED</b> <b>1-7-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Jan. 8 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunset Hill</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Warrensburg, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>Jan. 7, 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Sarah Ann [Signature]</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Sweeney Phillips Warrensburg, Mo.</b>

RECEIVED  
JAN 14 1952  
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed J. Earl Priest

Signed.....  
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.