

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2474

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 46			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 25 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		d. STREET ADDRESS (If rural, give location) 925 E. 10th			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				3. NAME OF DECEASED a. (First) John b. (Middle) Sylvester c. (Last) Devine					
4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			
8. DATE OF BIRTH Aug 23 - 1897		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY M. & T. Railroad		11. BIRTHPLACE (City and State or Foreign Country) Sedalia Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Michael C. Devine		13b. MOTHER'S MAIDEN NAME Selina Childers		14. NAME OF HUSBAND OR WIFE. Mariam Devine					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 762-10-2230		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mariam Devine		ADDRESS 925 E. 10th Sedalia			
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) Coronary Embolism.				INTERVAL BETWEEN ONSET AND DEATH 6W min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Chronic Myocarditis.		2 yrs.			
DUE TO (c) Chronic Lues.						?			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Carcinoma of the Prostate.		?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical treatment only.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 029XH					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.		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 Jan. 1st, 1953, to Jan. 25th, 1953, that I last saw the deceased alive on Jan. 25th, 1953, and that death occurred at 12:18 p.m. from the causes and on the date stated above.									
23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)				23b. ADDRESS Jno. B. Carlisle, M.D. Sedalia, Missouri.		23c. DATE SIGNED Jan. 27th 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-28-53		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Sedalia Mo			
DATE REC'D BY LOCAL REG. 1-28-53		REGISTRAR'S SIGNATURE Clyde B. Budge		25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bros		ADDRESS Sedalia			

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 5 1958

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 \_\_\_\_\_

*K P M Lary*

Licensed Embalmer No. 3153

P. O. Address Siedals, 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.