

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

469

State File No.

FILED FEB 15 1954

BIRTH NO. 1-5-10-1-1 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 816

1. PLACE OF DEATH a. COUNTY <p align="center">Cape Girardeau</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <p align="center">Missouri</p> c. COUNTY <p align="center">Cape Girardeau</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Cape Girardeau</p>		c. LENGTH OF STAY (in this place) <p align="center">27 days</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St. Francis Hospital</p>		d. STREET ADDRESS (If rural, give location) <p align="center">R.F.D. # 2</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Corkie</p>	b. (Middle) <p align="center">Joe</p>	c. (Last) <p align="center">Devrock</p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Feb. 6, 1954</p>
5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never married</p>	8. DATE OF BIRTH <p align="center">1/10/51</p>
9. AGE (in years last birthday) <p align="center">—</p>	IF UNDER 1 YEAR Months <p align="center">—</p>	IF UNDER 1 YEAR Days <p align="center">27</p>	IF UNDER 1 YEAR Hours <p align="center">—</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">child</p>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Cape Girardeau, Mo.</p>
12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>			

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <p align="center">Eva Marie Devrock</p>	14. NAME OF HUSBAND OR WIFE
--------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>	16. SOCIAL SECURITY NO. <p align="center">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Eva Marie Devrock</p>	ADDRESS <p align="center">Cape Girardeau, Mo.</p>
--	---	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-enteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <p align="center">3 days</p>
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <p align="center">7640</p>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 9:30 PM 4 Feb. 1954, to 6 Feb. 1954 that I last saw the deceased alive on 5 Feb. 1954, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center">James A. Kinley M.D.</p>	23b. ADDRESS <p align="center">Cape Girardeau</p>	23c. DATE SIGNED <p align="center">6 Feb. 54</p>
--	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">2/7/54</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Memorial Park Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Cape Girardeau, Mo.</p>
---	---	--	--

DATE REC'D BY LOCAL REG. <p align="center">2-8-54</p>	REGISTRAR'S SIGNATURE <p align="center">C. C. Summers</p>	44-0	25. GENERAL DIRECTOR'S SIGNATURE <p align="center">[Signature]</p>	ADDRESS <p align="center">Cape Girardeau, Mo.</p>
--	--	------	---	--

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

No. 300
10-48

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 _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.