

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4162**

0130

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

FILED MAR 8 1954 REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4066 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0130	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Edna c. (Last) Divinia		4. DATE OF DEATH (Month) (Day) (Year) 2 14 54	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8-20-1870 9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Beaver County, Pa. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Beal		13b. MOTHER'S MAIDEN NAME Carolina Vance	14. NAME OF HUSBAND OR WIFE William Divinia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vance Beal, Kingston, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES arterio Sclerosis 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 type="checkbox"/> 4221
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 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. 1952 , to Feb. 14, 1954 , that I last saw the deceased alive on Feb. 14, 1954 , and that death occurred at 3 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE O. Kilbourn (Degree or title) M.D.		23b. ADDRESS Cowgill Mo.	23c. DATE SIGNED 2-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-16-54	24c. NAME OF CEMETERY OR CREMATORY Mirabile Cemetery	24d. LOCATION (City, town, or county) (State) Mirabile, Missouri
DATE REC'D BY LOCAL REG. 3-5-54	REGISTRAR'S SIGNATURE Gladys Jones 37-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, MO.	

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 _____

Cramer Clark

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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.