

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36825

State File No.

FILED NOV 23 1954

5109

BIRTH NO. _____		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City, North)		c. LENGTH OF STAY (In this place) _____ yrs.		c. CITY OR TOWN Kansas City, North		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 935 Engelwood Rd.				f. STREET ADDRESS (If rural, give location) 935 Engelwood Rd. 5068			
3. NAME OF DECEASED (Type or Print) a. (First) COLLEEN		b. (Middle) FAYE		c. (Last) DIVINE		4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 25, 1915	9. AGE (In years last birthday) 39 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
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) Galliton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Belvel Alexander		13b. MOTHER'S MAIDEN NAME Mabel R. Bayne		14. NAME OF HUSBAND OR WIFE John Divine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME John Divine ADDRESS 935 Engelwood N.K.C.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 48 HRS.
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERAL CARCINOMATOSIS 18 mos. DUE TO (c) Ca of Cervix - (Stage 3) 2 1/2 yrs.			171X
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 SEPT 10, 1954 , to NOV 4, 1954 , that I last saw the deceased alive on NOV. 2, 1954 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE James M. Mauk Jr. (Degree or title) D.O.				23b. ADDRESS K.C. (29) 5715 Blue Ridge		23c. DATE SIGNED 11-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/6/54	24c. NAME OF CEMETERY OR CREMATORY Chapel Hill Memo. Gds.		24d. LOCATION (City, town, or county) (State) Wyandotte Co. Ks.		
DATE REC'D BY LOCAL REG. 11-5-54 neva minshall		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter & Sons		ADDRESS K.C.Ks.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1938

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.....
Signature of Student Embalmer

Signed.....
Howard J. Porter

Licensed Embalmer No...3751

P. O. Address 19th & Minn
Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.