

FILED DEC 3 1954

STANDARD CERTIFICATE OF DEATH

State File No. 5125

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5125

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Grandview
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorah Medical Center		STREET ADDRESS (If rural, give location) 1009 Pinkston	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRISON	b. (Middle) E.	c. (Last) DEVIN	4. DATE OF DEATH (Month) (Day) (Year)	11 8 54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and State of Foreign Country) Maumont Cty, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harrison Devin	13b. MOTHER'S MAIDEN NAME Nannie Alexander	14. NAME OF HUSBAND OR WIFE Mabel Devin
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs Mabel Devin	ADDRESS 1009 Pinkston Grandview
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease with old occlusions of Rt. coronary artery + left circumflex.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fibrosis, myocardium, left ventricle		
	DUE TO (c) Mucous plugging of bronchi, mod. severe		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspiration of gastric content in bronchi		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **August 1953**, to **November 8, 1954**, that I last saw the deceased alive on **Nov: 8, 1954**, and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE, William L. Doane (Degree or title) MD	23b. ADDRESS Grandview, MO	23c. DATE SIGNED 11-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 11 1954	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas Cty, Missouri
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DATE REC'D BY LOCAL REG. 11-9-54	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Helke Funeral Home	ADDRESS 2315 Greenwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Chas E. Wilks*

Licensed Embalmer No. *2674*

P. O. Address *14 E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.