

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8178**
1278

FILED APR 14 1955

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>24 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>4045 WALNUT STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUMAN</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>DIVELBISS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 19, 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC. 26, 1892</u>		9. AGE (in years last birthday) <u>62</u>		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) <u>GUARD</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FEDERAL RESERVE BANK</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>OLATAHE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>JOHN DIVELBISS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA SHRIEVE</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA M. DIVELBISS</u>	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>456-05-3418</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B.R. ALDERSON</u> ADDRESS <u>4045 WALNUT ST. K.C. MO.</u>	
--	--	--	--	---	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
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.		<u>Chronic Duodenal Ulcer (Penetrating)</u>		<u>20 years</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Kansas City Jackson Mo.</u>	
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 Dec 15, 1947 to March 19, 1955, that I last saw the deceased alive on Mar 19, 1955 and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Lehner, M.D.</u> (Degree or title)		23b. ADDRESS <u>1102 Grand Kansas City, Mo.</u>		23c. DATE SIGNED <u>3/24/55</u>	
---	--	---	--	---------------------------------	--

24a. BURIAL - CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT MOUND CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>STANLEY, KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. ...</u> ADDRESS <u>1331 Brush Creek</u>			

DATE REC'D BY LOCAL REG. <u>3-22-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. ...</u> ADDRESS <u>1331 Brush Creek</u>	
---	--	--	--	---	--

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

APR 26 1955

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 *Robert E. Henson*.....

Licensed Embalmer No. *481*.....

P. O. Address *A. C. Me*.....

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.