

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 289

1. PLACE OF DEATH
a. COUNTY JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN c. LENGTH OF STAY (In this place) 60 YRS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN

d. FULL NAME OF HOSPITAL OR INSTITUTION 13TH & CENTRAL CITY ROAD

d. STREET ADDRESS (If rural, give location) 13TH & CENTRAL CITY ROAD

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH b. (Middle) _____ c. (Last) DEVOLLO

4. DATE OF DEATH (Month) (Day) (Year)
JULY 7, 1955

5. SEX M 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH APRIL 4, 1890

9. AGE (In years last birthday) 65 UNDER 1 YEAR Months UNDER 1 YEAR Days UNDER 1 YEAR Hours MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) GALENA, KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE DEVOLLO

13b. MOTHER'S MAIDEN NAME SARAH GALLIFF

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W. W. I

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS MARY WEBER, 3707 W. 23RD ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH Instantaneous

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Body Body decomposed.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 5th to 7th, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at approx _____, from the causes and on the date stated above.

23a. SIGNATURE Widowess Cora Devollo (Degree or title)

23b. ADDRESS FIRST NAT'L BLDG., JOPLIN, MO.

23c. DATE SIGNED 7-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7-11-55

24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY

24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. 7-20-55

REGISTRAR'S SIGNATURE Edw. James 1387
Myrtle L. Humphreys

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO

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

County File Number
Date Filed JUL 25 1955

AUG 23 1955

AUG 24 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.