

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2088

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4341 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Bellflower</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Bellflower</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>Own Home</u>		f. STREET ADDRESS (If rural, give location) <u>0760</u>	

3. NAME OF DECEASED (Type or Print) <u>John Carter Dever</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1956</u>
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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>Sept 19 1875</u>	9. AGE (In years last birthday) <u>80</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>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General duties</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J.L.S. Dever</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Joiner</u>	14. NAME OF HUSBAND OR WIFE <u>Grace T. Dever</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace T. Dever</u>	ADDRESS <u>Bellflower Mo.</u>
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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, asthma, 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) <u>Myocardio degeneration</u>		<u>3 weeks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u>		<u>15 yr.</u>
	DUE TO (c) <u>Hypertension</u>		<u>20 yr.</u>
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 <u>443X</u>	20. AUTOPSY? YES <input 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)
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 1-24-56, to 2-2-56, 19    , that I last saw the deceased alive on 2-2-56, 19    , and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Abraham B. Biddle D.O.</u>	23b. ADDRESS <u>Montgomery City, Mo.</u>	23c. DATE SIGNED <u>2-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Providence</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 7-1956</u>	REGISTRAR'S SIGNATURE <u>Laura B. Culshaw</u>	500	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Jones</u>	ADDRESS <u>Bellflower Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0760

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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 ..... Me ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Oland L. Jones* .....  
Licensed Embalmer No... 2978 .....

P. O. Address... Bellflower .....

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.