

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14540

XC 282479
REG. 14576 SL 9060State File No. _____
Registrar's No. 3747

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 3747	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 53 days	c. CITY OR TOWN Booneville		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 Veterans Administration Hospital			e. STREET ADDRESS (If rural, give location) 18 Riverside Drive		
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) T. c. (Last) Devine			4. DATE OF DEATH (Month) (Day) (Year) 4-15-56		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-21-92	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Michael C. Devine		13b. MOTHER'S MAIDEN NAME Elena M. Childers		14. NAME OF HUSBAND OR WIFE Marguerite C. Devine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 500221946	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO. ADDRESS _____		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES DUE TO (b) Ventricular tachycardia DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 8 weeks Unk.
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) _____		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 2-22 , 19 56 , to 4-15 , 19 56 , and that he died on the date stated above and that death occurred at 12:40pm from the causes and on the date stated above.					
23a. SIGNATURE Donald R. Rumer, M.D.			23b. ADDRESS (Degree or title) M.D. VAH, ST. LOUIS, MO.		23c. DATE SIGNED 4-15-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-16-56	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Boonville, Mo.
DATE REC'D BY LOCAL REG. APR 16 1956		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Goodman-Boller, Boonville, Mo. ADDRESS _____	

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

MAY 28 1956

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 *Bill C. Brannon*.....

Licensed Embalmer No. *474*

P. O. Address *St. Louis*

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.