Health, Welfare Public Service

300 1-56

FILED SEP 20 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31040

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 404

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sanitarium — Length of stay in 1b 12 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kentucky b. COUNTY
c. CITY OR TOWN Ludlow 8160 S — Inside Limits Yes X No ☐
d. STREET ADDRESS 409 ElmSt. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Erschell Middle: Taft Last: Devine

4. DATE OF DEATH Month Sept. Day 12 Year 1956

5. SEX male **6. COLOR OR RACE** white **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Dec. 20, 1909 **9. AGE** (In years last birthday) 46 — 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) Bartender
10b. KIND OF BUSINESS OR INDUSTRY Taverm
11. BIRTHPLACE (City and state or country) Mercy County, Ky.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME W. A. Devine
14. MOTHER'S MAIDEN NAME Minnie H. Gibsom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. unk.
17. INFORMANT J. W. Devine, 413 ElmSt. Ludlow, Ky. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock & Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ruptured Gallbladder Liver
DUE TO (c) Fractured Pelvis 8120

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 25

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT X **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Crash struck Pedestrian
20c. TIME OF INJURY Hour 2:30 a.m. Month, Day, Year 9-12-56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION Independence **COUNTY** Jackson **STATE** Mo

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 2 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh M. Owens (Degree or title) Coroner 3
22b. ADDRESS 1034 Realty Bldg.
22c. DATE SIGNED 9-13-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/13/56
23c. NAME OF CEMETERY OR CREMATORY Forrest Lawn
23d. LOCATION (City, town, or county) Erlinger, Ky. (State)

24. FUNERAL DIRECTOR H. C. Carson **ADDRESS** Independence, Mo.
25. DATE RECD. BY LOCAL REG. 9-13-56
26. REGISTRAR'S SIGNATURE James L. Craig

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 28 1957

SEP 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold E. Woodard

Licensed Embalmer No. 46

P. O. Address Indianapolis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.