

FILED JUN 3 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

16218

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 583

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #2			Length of stay in lb 17 yr. 11 mo 12 days		d. STREET (If outside, give location) ADDRESS Jackson Co. Home		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) PAT				First Middle Last DEVINE		4. DATE OF DEATH Month Day Year May 24, 1957							
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 14, 1882		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal miner				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) West Virginia			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME James J. Devine						14. MOTHER'S MAIDEN NAME Bridget E. Dorsey							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address John Devine, 719 Cypress, Kansas City, Mo.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis										INTERVAL BETWEEN ONSET AND DEATH chronic			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) arteriosclerosis		DUE TO (c)		10 yrs. plus							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 4221										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from May 24, 1957 to May 24, 1957 and last saw him alive on May 24, 1957 Death occurred at 4:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) G. E. Gossius M.D.						22b. ADDRESS State Hosp. #2, St. Joseph, Mo.				22c. DATE SIGNED 5/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal			23b. DATE 5/27/1957		23c. NAME OF CEMETERY OR CREMATORY Kirksville Anatomical Board			23d. LOCATION (City, town, or county) (State) Kirksville, Missouri					
24. FUNERAL DIRECTOR ADDRESS Heaton-Bowman Funeral Home, St. Joseph, Mo.					25. DATE RECD. BY LOCAL REG. May 28, 1957			26. REGISTRAR'S SIGNATURE Kathleen M. Allison					

(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

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1-56

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85-0

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.....

*Eugene Wood*  
Licensed Embalmer No. 3804

P. O. Address 312 1/2th St, NY

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.