

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017996
State File No.

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 26

0700

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0700</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>GERTRUDE</u>	
c. (Last) <u>DEVLIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 19 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April-9-1899</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days <u>1 10</u>	IF UNDER 24 HRS. Hours Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) (C) <u>Rhineland Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13a. FATHER'S NAME <u>Henry Overkamp</u>	
13b. MOTHER'S MAIDEN NAME <u>Helen Schluss</u>		14. NAME OF HUSBAND OR WIFE <u>Pete Devlin</u>	
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>Mr Eddie Devlin</u>		ADDRESS <u>High Hill Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial decompensation</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary thrombosis - several years</u> DUE TO (c) <u>Diabetis mellitus - several years</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Generalized arterial sclerosis & Senility</u>	
19a. DATE OF OPERATION <u>260X</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Sept. 45 1945</u> , to <u>May 18 1957</u> , that I last saw the deceased alive on <u>May 18 1957</u> , and that death occurred at <u>7:05 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. H. Thompson</u>		23b. ADDRESS <u>201 New Lorence, Mo</u>	
23c. DATE SIGNED <u>May 21, 1957</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 21 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. B. Baber</u>	
DATE REC'D BY LOCAL REG. <u>May 21 57</u>		REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>	
ADDRESS <u>Americus, Mo</u>		ADDRESS <u></u>	

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 *D B Baker*.....

Licensed Embalmer No..3375.....

P. O. Address...ATOKIQQR..M

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.