

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040013

FILED VS DEC 1 0 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 5734

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS C.T.Y.</u>	Length of stay in 1b <u>7 yrs.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS <u>MONTROSE HOTEL</u> <u>40th + MAIN</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Edward</u> Last <u>Devereux</u>	4. DATE OF DEATH Month <u>Nov.</u> Day <u>26</u> Year <u>1959</u>
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-23-1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------	-------------------------------------------------------------------------------	------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Heating & Cooling</u>	11. BIRTHPLACE (City and state or country) <u>Purcell Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.-I.</u>
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME <u>P. K. Devereux</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Whelan</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
------------------------------------------	----------------------------------------------	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>Mary Devereux, N. C. Missouri</u>	Address
------------------------------------------------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>congenital deficiency of circle 7</u>	
	DUE TO (c) <u>widow</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 <u>2:50</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year

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 11-24-1959 to 11-26-1959 and last saw him alive on 11-26-1959
Death occurred at 2:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. L. Dwyer</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>City Hall Kansas City Mo</u>	22c. DATE SIGNED <u>12-6-59</u>
-----------------------------------------------------------------	----------------------------------------------	---------------------------------

22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-28-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Atchison Kansas</u>	23d. LOCATION (City, town, or county) (State)
----------------------------------------------------------	---------------------------	-----------------------------------------------------------	-----------------------------------------------

24. FUNERAL DIRECTOR <u>Harouff-Buis Mort.</u> ADDRESS <u>Atchison, Kan.</u>	25. DATE RECD. BY LOCAL REG. <u>11-28-59</u>	26. REGISTRAR'S SIGNATURE <u>New Marshall</u>
------------------------------------------------------------------------------	----------------------------------------------	-----------------------------------------------

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. L. Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Sidma
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.