

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAR 3 1 1960

60-012508

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3234** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		e. STATE MO b. COUNTY ADRAIN	
Length of stay in 1b 1 Week		c. CITY OR TOWN MEXICO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 203 S. KENTUCKY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EVA Pauline DIVERS			4. DATE OF DEATH Month Day Year MARCH 19 1960		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/24/1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Saline Co, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Sprague	13b. MOTHER'S MAIDEN NAME Lucy Foreman	14. NAME OF HUSBAND OR WIFE RUSSELL DIVERS
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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 Russell L. Divers 203 Kentucky	Address Mexico, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) INTRACRANIAL HEMORRHAGE, SUSPECTED		HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) THROMBOCYTOPENIA	1-2 MONTHS
	DUE TO (c) CHRONIC LYMPHOCYTIC LEUKEMIA 204.0	7 YEARS

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **JAN. 21, 1956** **to** **MARCH 19, 1960** **and last saw her** **MARCH 19, 1960** **live on**
Death occurred at **5:40 A.M.** **on** **MARCH 19, 1960** **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <i>E. O. Vermillion, M.D.</i> (Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 3/19/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/21/60	23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
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24. FUNERAL DIRECTOR ARNOLD FUNERAL HOME	ADDRESS 310 S. WASH. MEXICO, MO	25. DATE RECD. BY LOCAL REG. MAR 21 1960	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Leo H. Whitaker

Licensed Embalmer No. 4780

P. O. Address Mexico, Mo

JANUARY 20 1931

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.