

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018347

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 25

AMENDED

FILED JUN 12 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville		Length of stay in 1b	c. CITY OR TOWN Wellsville
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 210 W. Hudson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 210 West Hudson
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH HAROLD DEVES		4. DATE OF DEATH Month Day Year June 5, 1961	
5. SEX Male	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 May 30, 1906
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months 0 Days 5	IF UNDER 24 HR 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 operate beer tavern St. Louis, Mo	11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Deves	13b. MOTHER'S MAIDEN NAME Agnes Keating
14. NAME OF HUSBAND OR WIFE Lillian H. Deves		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes about 1923	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Lillian Deves, Wellsville.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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"/> N. <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.) Self inflicted bullet wound	
20c. TIME OF INJURY Hour _____ Month, Day, Year 6-5-61		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, company, factory, street, office, bridge, etc.)		20f. CITY, TOWN, OR LOCATION Wellsville,	COUNTY STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Rodgers Corcoran		(Degree or title)	22b. ADDRESS Montgomery City, Mo
22c. DATE SIGNED 6-7-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 9, 1961	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	23d. LOCATION (City, town, or county) Troy, Mo
24. FUNERAL DIRECTOR Howard F. Myers, Wellsville, Mo		25. DATE RECD. BY LOCAL REG. 6-7-61	26. REGISTRAR'S SIGNATURE Laura B Callaway

JUN 14 1961

SEP 22 1961

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 Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo

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.