

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030335

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 64

**FILED SEP 11 1961**

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Weston</b>	Length of stay in 1b <b>52 years</b>	c. CITY OR TOWN <b>Weston</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>John William Divina</b>			4. DATE OF DEATH Month Day Year <b>Sept. 1, 1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-29-83</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McCormick Dist. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Caldwell Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William C. Divina</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Cooper</b>	14. NAME OF HUSBAND OR WIFE <b>Juliette Pash</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

17. INFORMANT Address  
**Mrs. J. W. Divina Weston, 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)	<b>Cerebral thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>
DUE TO (b)	<b>Parkinson's syndrome</b>	
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 **Jan. 3, 1960** to **Sept. 1, 61** and last saw <sup>her</sup>him alive on **Sept. 1, 1961**  
Death occurred at **9 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *R. J. Pelling* (Degree or title) **D.O.** 22b. ADDRESS **Weston, Mo.** 22c. DATE SIGNED **9/2/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Sept. 3, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Graceland Cemetery** 23d. LOCATION (City, town, or county) (State) **Weston, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Vaughn Funeral Home Weston, Mo.** 25. DATE RECD. BY LOCAL REG. **Sept-3-1961** 26. REGISTRAR'S SIGNATURE *Cynthia Rollins*

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
SHOULD READ  
ITEM NO.

SFP 21 1967

**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 Robert D. Braun, Student Embalmer No. 835

working under my personal supervision.

Student Robert D. Braun  
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.