

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42586**

FILED JAN 10 1948

Registrar's No. **445**

Registration District No. **274**

Primary Registration District No. **3052**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 206 E. Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA L. EVANS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-21-45 to 12-31-47, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edwin J. Evans

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept 23 1870
(Month) (Day) (Year)

Immediate cause of death
Terminal Hypostatic Pneumonia
Cerebral Hemorrhage - rt.

Due to _____

Other conditions Arteriosclerosis, Diabetes Mellitus, Hypertension.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Steven T. Lupe

13. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hood

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy 61

16. (a) Informant Ed. J. Evans

(b) Address 206 E. Broadway

17. (a) Burial (b) Date thereof 1-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia, Mo.

19. (a) 1-2-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Redeman (M. D. or other) MD

Address Sedalia Mo Date signed 12-31-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-8-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *A.P. McLeary*
Licensed Embalmer No. *3153*
P. O. Address *Sedalia, 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 this body is not embalmed, fact should be so stated above.