

FILED JUL 30 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

23903

State File No. _____

Registrar's No. 196

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Proberly
(c) Name of hospital or institution: Woodland Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 10 Days
(If not in hospital or institution, write street number or location)
In this community Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME NELLIE M. EVANS
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilber Evans
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March - 3 - 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co. Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Elcana Edwards
13. Birthplace Randolph Co. Missouri
14. Maiden name Sarah Jane Reed
15. Birthplace Randolph Co. Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Wilber Evans
(b) Address R.F.D. #9 Cairo Mo.

17. (a) Burial (b) Date thereof July - 17 - 48
(Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Proberly
(b) Address Proberly Missouri
(c) Date received local registrar July 17 - 48

(Registrar's signature) Heal (Date received local registrar) July 17 - 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Jural Salt River
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #9 Cairo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15th
year 1948 hour 6 minute 54 P.M.
21. I hereby certify that I attended the deceased from Apr. 6
1948 to July 15 1948
that I last saw her alive on July 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial abdominal Peritonitis
Due to Carcinoma of the L. Ovary 1 yr.
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 1948
Of operations _____
Of autopsy _____

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 0
23. Signature W. H. ... (M. D. optional)
Address Proberly Mo Date signed 20 July 48

RECEIVED

District Health Officer No. 10

District File Number 7-48-133

Date Filed JUL 28 1948

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, *C. L. Hutton* of by

C. L. Hutton, Registered Apprentice No. 10
working under my personal supervision.

Signed *R. M. Cater*

Licensed Embalmer No. 4117

P. O. Address *Proby Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.