

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24195

S. No. 300
V. 10.48*Breaker*

BIRTH NO. _____		REG. DIST. NO. <i>242</i>	PRIMARY REG. DIST. NO. <i>4361</i>	Registrar's No. <i>12</i>	
1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madd			
b. CITY (If outside corporate limits, write RURAL and give township) Canalou /		c. CITY (If outside corporate limits, write RURAL and give township) Canalou <i>75</i>			
c. LENGTH OF STAY (in this place) 47 yrs		d. STREET ADDRESS (If rural, give location) Clementine <i>9</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) Clementine		a. (First)	b. (Middle)	c. (Last) Evans	
4. DATE OF DEATH (Month) (Day) (Year) 7 5 1949					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 7/7/1880	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 11 Days 28 IF UNDER 12 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Enfield, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. SA					
13a. FATHER'S NAME John Evans		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Moore		14. NAME OF HUSBAND OR WIFE Conda Mae Evans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Conda Mae Evans</i> Canalou, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> ANTECEDENT CAUSES <i>Chronic Hypertension</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4/10X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Marion, New Madrid, Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 24, 1949</i> to <i>July 2, 1949</i> , that I last saw the deceased alive on <i>July 2, 1949</i> , and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>L. P. Brandon MD</i>		23b. ADDRESS <i>Concord, Mo.</i>		23c. DATE SIGNED <i>7-2-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/8/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.					
DATE REC'D BY LOCAL REG <i>July 26, 1949</i>		REGISTRAR'S SIGNATURE <i>Thomas Heister</i> <i>220</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter Albritton</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 849-267

Date Filed _____

AUG 6 1949

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.

Signed John Allerton

Signed _____
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Superior Me

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.