No. 300
10.48

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26112

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: BOONE Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia (CENTRALIA 4)
c. LENGTH OF STAY (in this place): 3 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hulen Nursing Home (HULEN NURSING HOME)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Audrain 4
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 2
d. STREET ADDRESS (If rural, give location): 415 W. Love 1

3. NAME OF DECEASED (Type or Print): a. (First) Evelyn (EVELYN) b. (Middle) A. (A.) c. (Last) Mann (MANN)

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 1, 1881
9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Widow
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Molino Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: T.E. WEMER
13b. MOTHER'S MAIDEN NAME: MARIE EUBANKS
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Marie Barnett (Mrs. Marie Barnett) ADDRESS: Mexico

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerular Nephritis. — 4321

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 5-31-49, 19__, to 5-16-49, 19__, that I last saw the deceased alive on 5-15-49, 19__, and that death occurred at 6:05 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): J.O. Baker DO, 2
23b. ADDRESS: Centralia Mo.
23c. DATE SIGNED: 8-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-49
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Mexico Mo

DATE REC'D BY LOCAL REG.: Aug 17-1949
REGISTRAR'S SIGNATURE: Maud McBride 30
25. FUNERAL DIRECTOR'S SIGNATURE: Alex Arnold Jr
ADDRESS: Mexico

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Clive Cunnell

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.