

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34507

State File No.

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY OR TOWN <u>NEW MADRID</u> c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>NEW MADRID</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>		d. STREET ADDRESS (If rural, give location) <u>318 Phillips</u>	

3. NAME OF DECEASED
a. (First) JOSEPHINE b. (Middle) EVANS c. (Last) EVANS
4. DATE OF DEATH (Month) (Day) (Year) OCT-14-1949

5. SEX FEMALE 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 8. DATE OF BIRTH MARCH 13 - 1949 9. AGE (In years last birthday) 8 10. MONTHS 1 11. HOURS 1 12. MIN. 1

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

13a. FATHER'S NAME RICHARD EVANS 13b. MOTHER'S MAIDEN NAME LUCILLE DAVIS 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. 16. SOCIAL SECURITY NO. No. 17. INFORMANT'S SIGNATURE OR NAME LUCILLE DAVIS ADDRESS 317 PHILLIPS NEW MADRID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Colitis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Colitis
ANTECEDENT CAUSES
Morbid 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 5710

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (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) 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 10-13, 1949, to 10-14, 1949, that I last saw the deceased alive on 10-13, 1949, and that death occurred at — m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard Evans M.D. 23b. ADDRESS Superior Mo. 23c. DATE SIGNED 10-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE OCT. 15 - 1949 24c. NAME OF CEMETERY OR CREMATORY KEWANEE 24d. LOCATION (City, town, or county) (State) KEWANEE MO.

DATE REC'D BY LOCAL REG. 10-20-49 REGISTRAR'S SIGNATURE Helen Lou Jones 25. FUNERAL DIRECTOR'S SIGNATURE Richard's Und't. ADDRESS Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

72
4
C

RECEIVED
OCT 25 1949
District Health Office No. 287
District File Number 1049-~~255~~
Date Filed _____

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Not Embalmed

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.