

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5680

BIRTH NO. 9217-51 REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 3056 Registrar's No. 61

0883

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>207 Halleck</u>	

3. NAME OF DECEASED a. (First) <u>Rebecca</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Evasco</u>			4. DATE OF DEATH <u>March 4 1951</u> (Month) (Day) (Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Feb 18 1951</u>		9. AGE (In years last birthday) <u>14</u>		10. CITIZEN OF WHAT COUNTRY? <u>no</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		
11. BIRTHPLACE (State or foreign country) <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>no</u>		

13a. FATHER'S NAME <u>John Evasco</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Williams</u>		14. NAME OF HUSBAND OR WIFE	
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	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>75216</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital aneurism</u>		
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 28, 1951, to Mar 4, 1951, that I last saw the deceased alive on Mar 4, 1951, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. T. Whitaker D.O.</u>		23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>2-5-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 5-51</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son Moberly Mo</u>	
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APR 10 1951

MAR 12 1951

Date Received:

DISTRICT HEALTH OFFICE #

District File Number 9-57-5

Date Filed: MAR 13 1951

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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.....

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.