

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10. 48

FILED AUG 30 1951

State File No. **27556**

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **4287** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY OR TOWN Troy	c. LENGTH OF STAY (in this place) 11 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy MO 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Daughters Home		d. STREET ADDRESS (If rural, give location) U	

3. NAME OF DECEASED (Type or Print) EVELINE ELIZABETH ENGLISH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug 17 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct 13 1860	9. AGE (in years last birthday) 90	if under 1 YEAR Days 10	if under 2 HRS. Hours 44	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Admire	13b. MOTHER'S MAIDEN NAME Louisa Nichols	14. NAME OF HUSBAND OR WIFE Y. Y. English
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. J. Blair	ADDRESS Troy Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. Senility		
	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 Aug 15 1951	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to **Aug 17, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE D. L. Levee (Degree or title)	23b. ADDRESS Troy Mo	23c. DATE SIGNED Aug 18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 19 1951	24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery	24d. LOCATION (City, town, or county) (State) Lincoln County Mo
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DATE REC'D BY LOCAL REG. Aug 25 - 1951	REGISTRAR'S SIGNATURE Emma K. Riddle	FUNERAL DIRECTOR'S SIGNATURE Wayne McBoy	ADDRESS Troy Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

570

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 27 1951

RECEIVED

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.