

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33301

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>434 W 12th</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
		d. STREET ADDRESS (If rural, give location) <u>434 W 12th</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RACHAEL</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>EVANS</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Oct 26 1951</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>October 11 1861</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>15</u> Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Denton County Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>William Edwards</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Weldon</u>	14. NAME OF HUSBAND OR WIFE <u>Melvin Evans (dec)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.J. Walton</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		
	ANTECEDENT CAUSES <u>Carcinoma of Colon</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>153X</u>	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) (Min.) _____	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 Apr 5, 1957, to Oct 26, 1957, that I last saw the deceased alive on Oct 26, 1957, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E.A. Duffy M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Oct 27 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wyatt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East of Spickard Mo</u>
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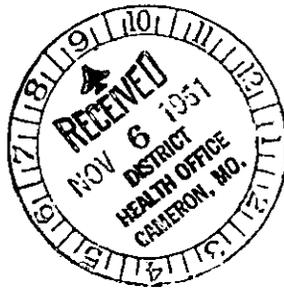
DATE REC'D BY LOCAL REG. <u>Oct 28, 1951</u>	REGISTRAR'S SIGNATURE <u>Irene Jai</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmore</u>	ADDRESS <u>Trenton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0403

E.A. Duffy



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 J. Gordon Blackmon
Licensed Embalmer No. 4602

P. O. Address Joneston, 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.