

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34446

State File No.

FILED NOV 15 1951

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 61

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matthews</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matthews</u>	
c. LENGTH OF STAY (in this place) <u>6 month</u>		d. STREET ADDRESS (If rural, give location) <u>Matthews Conv. Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Matthews Conv. Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Erastus</u> b. (Middle) <u>Price</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Dec. 3, 1861</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Days <u>21</u> IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Calloway County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Link</u> ADDRESS <u>Sikeston, Missouri</u>
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 mo.</u> <u>15 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
	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>331X</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 2-Oct, 1951, to 6-Nov., 1951, that I last saw the deceased alive on 2-Oct, 1951, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Thymorton M.D.</u> (Degree or title)	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>7-Nov-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Near Jeffersville City, Mo.</u>
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DATE REC'D BY, LOCAL REG. <u>11-9-51</u>	REGISTRAR'S SIGNATURE <u>Nelson L. Jones</u> <u>214</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u> ADDRESS <u>Sikeston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1920
4

MEMORIAL TO PT 1234 TO MORTUARY BMT

RECEIVED

NOV 14 1961

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Gene A. Parrent*

Licensed Embalmer No. 4809

P. O. Address Pikeston, 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.