

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI

40653

83421-5) STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 825 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 329

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| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 0105 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Noyes Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0 | |
| | | d. STREET ADDRESS (If rural, give location) 810 Hirth | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LOUISE c. (Last) EVANS | | | 4. DATE OF DEATH Dec. 23, 1951 (Month) (Day) (Year) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. SEX Female / | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | 8. DATE OF BIRTH Dec. 7, 1951 | 9. AGE (In years last birthday) 0 | 10. UNDER 1 YEAR 0 | 11. UNDER 1 YEAR 0 | 12. UNDER 1 YEAR 16 | 13. UNDER 1 YEAR 0 | 14. UNDER 1 YEAR 0 | 15. UNDER 1 YEAR 0 | 16. UNDER 1 YEAR 0 | 17. UNDER 1 YEAR 0 | 18. UNDER 1 YEAR 0 | 19. UNDER 1 YEAR 0 | 20. UNDER 1 YEAR 0 | 21. UNDER 1 YEAR 0 | 22. UNDER 1 YEAR 0 | 23. UNDER 1 YEAR 0 | 24. UNDER 1 YEAR 0 | 25. UNDER 1 YEAR 0 | 26. UNDER 1 YEAR 0 | 27. UNDER 1 YEAR 0 | 28. UNDER 1 YEAR 0 | 29. UNDER 1 YEAR 0 | 30. UNDER 1 YEAR 0 | 31. UNDER 1 YEAR 0 | 32. UNDER 1 YEAR 0 | 33. UNDER 1 YEAR 0 | 34. UNDER 1 YEAR 0 | 35. UNDER 1 YEAR 0 | 36. UNDER 1 YEAR 0 | 37. UNDER 1 YEAR 0 | 38. UNDER 1 YEAR 0 | 39. UNDER 1 YEAR 0 | 40. UNDER 1 YEAR 0 | 41. UNDER 1 YEAR 0 | 42. UNDER 1 YEAR 0 | 43. UNDER 1 YEAR 0 | 44. UNDER 1 YEAR 0 | 45. UNDER 1 YEAR 0 | 46. UNDER 1 YEAR 0 | 47. UNDER 1 YEAR 0 | 48. UNDER 1 YEAR 0 | 49. UNDER 1 YEAR 0 | 50. UNDER 1 YEAR 0 | 51. UNDER 1 YEAR 0 | 52. UNDER 1 YEAR 0 | 53. UNDER 1 YEAR 0 | 54. UNDER 1 YEAR 0 | 55. UNDER 1 YEAR 0 | 56. UNDER 1 YEAR 0 | 57. UNDER 1 YEAR 0 | 58. UNDER 1 YEAR 0 | 59. UNDER 1 YEAR 0 | 60. UNDER 1 YEAR 0 | 61. UNDER 1 YEAR 0 | 62. UNDER 1 YEAR 0 | 63. UNDER 1 YEAR 0 | 64. UNDER 1 YEAR 0 | 65. UNDER 1 YEAR 0 | 66. UNDER 1 YEAR 0 | 67. UNDER 1 YEAR 0 | 68. UNDER 1 YEAR 0 | 69. UNDER 1 YEAR 0 | 70. UNDER 1 YEAR 0 | 71. UNDER 1 YEAR 0 | 72. UNDER 1 YEAR 0 | 73. UNDER 1 YEAR 0 | 74. UNDER 1 YEAR 0 | 75. UNDER 1 YEAR 0 | 76. UNDER 1 YEAR 0 | 77. UNDER 1 YEAR 0 | 78. UNDER 1 YEAR 0 | 79. UNDER 1 YEAR 0 | 80. UNDER 1 YEAR 0 | 81. UNDER 1 YEAR 0 | 82. UNDER 1 YEAR 0 | 83. UNDER 1 YEAR 0 | 84. UNDER 1 YEAR 0 | 85. UNDER 1 YEAR 0 | 86. UNDER 1 YEAR 0 | 87. UNDER 1 YEAR 0 | 88. UNDER 1 YEAR 0 | 89. UNDER 1 YEAR 0 | 90. UNDER 1 YEAR 0 | 91. UNDER 1 YEAR 0 | 92. UNDER 1 YEAR 0 | 93. UNDER 1 YEAR 0 | 94. UNDER 1 YEAR 0 | 95. UNDER 1 YEAR 0 | 96. UNDER 1 YEAR 0 | 97. UNDER 1 YEAR 0 | 98. UNDER 1 YEAR 0 | 99. UNDER 1 YEAR 0 | 100. UNDER 1 YEAR 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Columbia, Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 13a. FATHER'S NAME Kiah Evans | 13b. MOTHER'S MAIDEN NAME Julia Hopkins | 14. NAME OF HUSBAND OR WIFE |
|----------------------------------|--------------------------------------------|-----------------------------|

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|-------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------|-------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. (If you give war or dates of service) | 17. INFORMANT'S SIGNATURE OR NAME Kiah Evans, 810 Hirth, Columbia, Mo. | 18. 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 7 DAYS. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHITIS, ACUTE | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREMATURE BIRTH DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 500 X | 20. AUTOPSY? YES <input checked="" 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) (Min.) | 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 Dec 7, 1951, to Dec 23, 1951, that I last saw the deceased alive on Dec 23, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

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|---------------------------------------------------------------|------------------------------------|----------------------------------------------------------------|
| 23a. SIGNATURE (Degree or title) Edward L. Washington M.D. | 23b. ADDRESS 909 University Ave | 23c. DATE SIGNED 12-23-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 24, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) Columbia, Mo. |

| | | | |
|-----------------------------------------|---------------------------------------------|----------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. Dec 24 1951 | REGISTRAR'S SIGNATURE Mrs R.E. Palmer 36 | 25. FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service, Columbia, Mo. | ADDRESS |
|-----------------------------------------|---------------------------------------------|----------------------------------------------------------------------------|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-2-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed, ^{not} by ~~me~~, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thos L. Pearson

Licensed Embalmer No. 4132

P. O. Address Galveston, Tex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.