

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11743**

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4512 Registrar's No. 68

250
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Town</u>	c. LENGTH OF STAY (In this place) <u>2-1/2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>New Town</u>	OR TOWN <u>105-11</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>11</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>	b. (Middle) <u>Riley</u>	c. (Last) <u>EVANS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 2 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 29. 1888</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 DAY Days	IF UNDER 15 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mercur County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Laban Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda J. Bartis</u>	14. NAME OF HUSBAND OR WIFE <u>Cora B. Miller</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>8019</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Evans</u>	ADDRESS <u>New Town Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>	ANTECEDENT CAUSES		<u>7 weeks</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Reiterated stomach ulcer.</u>		<u>4 1/2 weeks</u>
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>5401</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 10, 1951, to Apr. 2, 1952, that I last saw the deceased alive on Apr. 2, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.H. Dale</u>	(Degree or title) <u>DO</u>	23b. ADDRESS <u>Newtown, Mo.</u>	23c. DATE SIGNED <u>4/3/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4/14</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harris</u>	24d. LOCATION (City, town, or county) (State) <u>Harris Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 11</u>	REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Judd H. Payne</u>	ADDRESS <u>Newtown</u>
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FORM NO. 10-178-25
REV. 1-1-54

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

T. Howard Gull

Licensed Embalmer No.

9248

P. O. Address

New Town 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.