

1082
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19130

State File No.

MAY 20 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 83

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>108th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCart Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>402 N. Cedar Street</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>EVANS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1952</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>Widow</u> | 8. DATE OF BIRTH <u>Aug 6 1864</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u> | IF UNDER 24 Hrs. Hours <u></u> Mins. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | | 11. BIRTHPLACE (State or foreign country) <u>Pebble Beach - Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Jesse P. Simonson</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Moore</u> | 14. NAME OF HUSBAND OR WIFE <u>Widow</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry P. Barrett</u> | ADDRESS <u>Washington 8, DC</u> |
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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) <u>Mesenteric Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> | | |
| | DUE TO (c) <u>General arteriosclerosis</u> | | |
| 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 <u>4200</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 Oct 3, 1949, to April 30, 1952, that I last saw the deceased alive on April 29, 1952, and that death occurred at 5:45 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Ray W. Pearson MD</u> (Degree or title) | 23b. ADDRESS <u>Nevada, Ind.</u> | 23c. DATE SIGNED <u>5/2/52</u> |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 3 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-14-52</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen S. Hays</u> | ADDRESS <u>Nevada Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Allen V. Hayes

Licensed Embalmer No. 1988

P. O. Address Nevada, 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.