

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25415**

ED JUL 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **6809** Registrar's No. **175**

1. PLACE OF DEATH a. COUNTY <b>Randolph 0880</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If possible corporate limits, write RURAL and give township) OR TOWN <b>Rural Salt River</b>		c. CITY (If possible corporate limits, write RURAL and give township) OR TOWN <b>Rural Salt River 0880</b>	
c. LENGTH OF STAY (In this place) <b>68 years</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #2 Cairo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)  
 (First) **VERGIE** (Middle) **MAE** (Last) **EVANS**  
 4. DATE OF DEATH (Month) (Day) (Year)  
**July - 23 - 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED: NEVER MARRIED; WIDOWED; DIVORCED **Married** 8. DATE OF BIRTH: **Nov-17-1883** 9. AGE (In years) (Months) (Days) (Hours) (Mins.) **68**

10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **-** 11. BIRTHPLACE (City and State or Foreign Country) **Randolph County MO.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **John J. Clubb** 13b. MOTHER'S MAIDEN NAME **Susie Sherwood** 14. NAME OF HUSBAND OR WIFE **Ernest Evans**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Ernest Evans Cairo MO.**

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, asthma, etc. It means the disease, injury, or complication which caused death.  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **coronary occlusion**  
 ANTECEDENT CAUSES: **Marital conditions; if any, giving rise to the above cause (a) stating the underlying cause last.**  
 DUE TO (b) **Not returned**  
 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: **4201** 20. AUTOPSY? YES  NO

21a. ACCIDENT: SUICIDE; HOMICIDE; **Natural** (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) \_\_\_\_\_ 21e. INJURY OCCURRED: WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Chas. B. Barnes Coroner** 23b. ADDRESS **Moberly Mo.** 23c. DATE SIGNED **July 25 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 26 1952** 24c. NAME OF CEMETERY OR CREMATORY **Liberty Cemetery** 24d. LOCATION (City, town, or county) (State) **Cairo MO.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Chas. B. Barnes** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Howe Funeral Home Moberly Mo.**

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. 442

working under my personal supervision.

Student Jerry B. Carter  
Student Embalmer

Signed P. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.