

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

537

State File No.

ED JAN 26 1953

BIRTH NO. 27882 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 13

S. No. 300
Ev. 10-48 F

516 C

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>2da.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Delta</u> <u>8120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ostopathic Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Debra</u> b. (Middle) <u>Sue</u> c. (Last) <u>Evers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 31, 1952</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harry C Evers</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Monan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry C. Evers, Delta, Ill</u>	
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) <u>Sepsis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Delta, Ill</u>	
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 <u>Jan. 14, 1953</u> , to <u>Jan 16, 1953</u> , that I last saw the deceased alive on <u>Jan 16, 1953</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. Newell</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>28 S. Spanish, Cape Gir., Mo</u>		23c. DATE SIGNED <u>Jan 20, 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/18/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fraternal</u>		24d. LOCATION (City, town, or county) (State) <u>Vienna, Ill.</u>
DATE REC'D BY LOCAL REG. <u>1-20-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Loren S. Murrie, Vienna Ill</u>	

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

Licensed Embalmer No.

P. O. Address

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.