

STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1953

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada Washington Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada, Missouri 7082	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital		d. STREET ADDRESS (If rural, give location) 528 S Lynn	

3. NAME OF DECEASED (Type or Print) a. (First) Evelyn b. (Middle) B. c. (Last) Lee			4. DATE OF DEATH (Month) (Day) (Year) 1 19 53					
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-9, 1908	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 10	IF UNDER 1 YEAR Hours 1	IF UNDER 1 YEAR Min. 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Overhome		11. BIRTHPLACE (State or foreign country) Nevada, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John Davis	13b. MOTHER'S MAIDEN NAME Nettie Jones	14. NAME OF HUSBAND OR WIFE Clarence Lee
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Lee Nevada Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary, undifferentiated bronchogenic carcinoma with extensivemetastasis to the ovaries, and the liver.		INTERVAL BETWEEN ONSET AND DEATH 10 months
	ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162X		

19a. DATE OF OPERATION July 1952	19b. MAJOR FINDINGS OF OPERATION Bronchogenic carcinoma, left. -Surgerv Mt. Vernon, Missouri	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Apr. 21, 1952, to Jan. 19, 1953, that I last saw the deceased alive on Jan. 19, 1953, and that death occurred at 10:35A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Rolla B. Wray, M.D.	23b. ADDRESS Moore Building, Nevada, Mo.	23c. DATE SIGNED 1/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-53	24c. NAME OF CEMETERY OR CREMATORY Claywood Cemetery Nevada Mo.	24d. LOCATION (City, town, or county) (State) Nevada Mo.
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DATE REC'D BY LOCAL REG. 1-29-53	REGISTRAR'S SIGNATURE Anna J. Ferry	451	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carthage Fun Home, Nevada, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

582
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SEP 22 1954

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

Mark Eichinger

Licensed Embalmer No.

9656

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.