

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9131

State File No.

APR 6 1953

BIRTH NO. _____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 5255 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give town) (Rural) Clark Twp.		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Marceline <u>0587</u>	
c. LENGTH OF STAY (in this place) 0		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Marilyn b. (Middle) Louise c. (Last) Evans			4. DATE OF DEATH (Month) (Day) (Year) DEATH March 27, 1953		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 31, 1931	9. AGE (in years last birthday) 21	10. IF UNDER 1 YEAR Months 2 Days 26	11. IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Central College Fayette, Mo.		11. BIRTHPLACE (City and State or Foreign Country) Plattsburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Raymond Evans		13b. MOTHER'S MAIDEN NAME Idres West		14. NAME OF HUSBAND OR WIFE none	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Iva Whisenand, Marceline, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH SUDDEN ↓ ↓		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE OF SKULL WITH MASSIVE CEREBRAL HEMORRHAGE</u>				
	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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CLARK CHARITON Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAR. 27 1953 11:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Paul T. Berry M.D.		23b. ADDRESS Marceline, Mo.		23c. DATE SIGNED 3-29-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 30, 1953		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Bucklin, Missouri	
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DATE REC'D BY LOCAL REG. 3/30/53		REGISTRAR'S SIGNATURE Blyde A. Bragg		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larson Funeral Service, Bucklin, Mo.	
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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 A

X Student Embalmer No. X

working under my personal supervision.

Student

Student Embalmer

Signed

George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marquette, 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.