

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16901**

FILED APR 27 1953

REG. DIST. NO. **378**

PRIMARY REG. DIST. NO. **6286**

Registrar's No. **24**

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 6286		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Wood Twp		c. LENGTH OF STAY (In this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - Wood Twp		d. STREET ADDRESS (If rural, give location) 8 miles North of Norwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles North of Norwood				d. STREET ADDRESS (If rural, give location) 8 miles North of Norwood			
3. NAME OF DECEASED (Type or Print) Millie		a. (First)		b. (Middle) EVANS		c. (Last)	
4. DATE OF DEATH APRIL 15, 1953		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March-30-1882	
9. AGE (In years last birthday) 71		if UNDER 1 YEAR		if UNDER 1 HR.		if UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wright County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Raney		13b. MOTHER'S MAIDEN NAME Ellen Absher		14. NAME OF HUSBAND OR WIFE Sterling P. EVANS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Levi-Raney ADDRESS Norwood, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		DUPLICATE OF (b) Arteriosclerosis Heart Disease				Not known	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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)			
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 Jan 2, 1953 , to April 15, 1953 , that I last saw the deceased alive on April 14, 1953 , and that death occurred at 6:00 A m., from the causes and on the date stated above.							
23a. SIGNATURE D. W. Connor (Degree or title) MD				23b. ADDRESS Mountain Park 4ms		23c. DATE SIGNED 4-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 17, 1953		24c. NAME OF CEMETERY OR CREMATORY OAK Hill		24d. LOCATION (City, town, or county) (State) Butler, Mo.	
DATE REC'D BY LOCAL REG. 4-16-53		REGISTRAR'S SIGNATURE A. B. Ames		348-0		25. FUNERAL DIRECTOR'S SIGNATURE Edwin Funeral Home ADDRESS Mt. Vernon Mo	

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

No. 300
10-48

40
1

AUG 25 1958

WRIGHT CO. HEALTH DEPT.
County File Number 43-3-576
Date Filed 4-25-58

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

R. W. Barber

Licensed Embalmer No.

9548

P. O. Address

Mt Grove

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.