

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24195

State File No.

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 15

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| 1. PLACE OF DEATH a. COUNTY <u>Christain</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christain</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Cleves</u> OR TOWN | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleves</u> OR TOWN | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|--------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Sarah</u> | b. (Middle) <u>Ellen</u> | c. (Last) <u>Evatt</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4 1953</u> |
|-------------------------------------|-------------------------|--------------------------|------------------------|--|

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|-----------------|----------------------------|---|--------------------------------------|--|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Dec. 27 1873</u> | 9. AGE (In years, last birthday) <u>79-7-7</u> | 10 UNDER 1 YEAR Months | 11 UNDER 1 YEAR Days | 12 UNDER 1 YEAR Hours | 13 UNDER 1 YEAR Min. |
|-----------------|----------------------------|---|--------------------------------------|--|------------------------|----------------------|-----------------------|----------------------|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Christain Co Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S</u> |
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| 13a. FATHER'S NAME <u>Royal Luce</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Oreal</u> | 14. NAME OF HUSBAND OR WIFE <u>Tom Evatt</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marie Merritt - Cleves - Mo</u> | ADDRESS |
|---|----------------------------------|--|---------|

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid 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. <u>4201</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-28, 1953, to 8-3, 1953, that I last saw the deceased alive on 8-3, 1953, and that death occurred at 12:10 Am., from the causes and on the date stated above.

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|---|----------------------------------|--------------------------------|
| 23a. SIGNATURE <u>R. B. Mitchell M.D.</u> (Degree or title) | 23b. ADDRESS <u>Republic Mo.</u> | 23c. DATE SIGNED <u>8-6-53</u> |
|---|----------------------------------|--------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 7 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fragin Chapel</u> | 24d. LOCATION (City, town, or county) (State) <u>Cleves Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Aug 6, 1953</u> | REGISTRAR'S SIGNATURE <u>Allie Brewer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett G. Cheatham</u> | ADDRESS <u>Maline Mo</u> |
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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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Everett J. Cheatham

Signed.....
Student Embalmer

Licensed Embalmer No. *3870*

P. O. Address *Malena Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.