

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **91**

No. 300  
10.48

**FILED FEB 8 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **9**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Barton</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamar</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Barton</b>
c. LENGTH OF STAY (In this place) <b>5 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>800 Walnut</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>HALLIE</b>	b. (Middle) <b>CORNELIA</b>	c. (Last) <b>EVILSIZER</b>	<b>Feb 2 1954</b>		
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>August 7 1895</b>		<b>9. AGE</b> (In years last birthday) <b>58</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Lamar, Missouri</b>	<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> <b>U. S.</b>	

<b>13a. FATHER'S NAME</b> <b>Joseph Tyler</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ella Custer</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lester Evilsizer</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>XXX</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Lester Evilsizer, Lamar, Missouri</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a)  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____		<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>None</b>		<b>3 days</b>	
<b>1. Fallstauers; coronary attack</b>					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>None</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lamar</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Lamar Barton Mo</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. <b>Feb 2 1954 3:10p</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** **Jan 21, 1954** **to** **Feb 2, 1954** **that I last saw the deceased alive on** **Feb 2, 1954** **and that death occurred at** **3:10p m.** **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>D. R. Guedenast</b>		<b>23b. ADDRESS</b> <b>Lamar, Mo</b>		<b>23c. DATE SIGNED</b> <b>2-4-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Feb 4 1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Lake Cemetery</b>	
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Lamar, Missouri</b>			

<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 4 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Marie Konantz</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Konantz Funeral Home, Lamar, Missouri</b>	
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JUL 19 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 Norman L Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Missouri

**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.