

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2450

State File No. _____

No. 300
10-48

FILED FEB 3 1954

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6035 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lesterville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lesterville</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. East of Lesterville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L mi. E of Lesterville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVELYN</u>	b. (Middle) <u>ROSE</u>	c. (Last) <u>TELFORD</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan 1954</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sept. 18 1938</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 12 HOURS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school girl Lesterville Grade School</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Black Missouri</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Dennis Telford</u>	13b. MOTHER'S MAIDEN NAME <u>Iona Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>##</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Amelung, Bismarck Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Murdered by shooting</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>instant death</u> DUE TO (c)		
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 <u>E981X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Murder</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lesterville, Rep. Reg. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>was shot by her mother</u>
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22. I hereby certify that I attended the deceased from was not attended to, that I last saw the deceased alive on Jan 19, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. V.L. Pentle 3 (Coroner)</u>	23b. ADDRESS <u>Centerville</u>	23c. DATE SIGNED <u>1/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Fork Cemetery West Fork Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>1/28/54</u>	REGISTRAR'S SIGNATURE <u>E.M. Hutchins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 1-30-54

Reynolds County Health Center

File No. 154 - 15

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.