

FILED FEB 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. **5486**

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>215</u>		PRIMARY REG. DIST. NO. <u>5783</u>		Registrar's No. <u>0660</u>			
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon R 3 Richwoods Twp</u>			c. LENGTH OF STAY (In this place) <u>3</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon Richwoods Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dixon, Mo. R 3</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. 3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Catherine Evers</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13/54</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 6, 1858</u>			
9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Anthony Otto</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Catherine Hegenhoff</u>			14. NAME OF HUSBAND OR WIFE <u>Conrad Evers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phillip Bax Dixon, Mo. R. R. 3</u> ADDRESS _____					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> Morbidity 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.						INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>	
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) <u>331X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>June</u> , 19 <u>37</u> , to <u>Feb 13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>54</u> , and that death occurred at <u>6:05 Am.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W.M.A. Gould D.D. 2</u>				23b. ADDRESS <u>Iberia Mo</u>		23c. DATE SIGNED <u>2/13/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>2/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony</u>		24d. LOCATION (City, town, or county) (State) <u>St. Anthony Mo.</u>			
DATE REC'D BY LOCAL REG. <u>FEB-15-54</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		195 _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Temple</u> ADDRESS <u>Walter P. Temple Funeral Homes Inc Iberia Missouri</u>			

DEPT
FEB 13 1914
MIL
DEPT

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 Walter P. Shepard

Licensed Embalmer No. 4265

P. O. Address Florida, 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.