

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

9325

State File No.

FILED MAR 16 1954
BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4300 Registrar's No. 1

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. CITY <u>Linn</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Linn</u>
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Laclede</u>	c. LENGTH OF STAY (In this place) <u>40 yrs</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Laclede</u> <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVALENA</u>	b. (Middle) <u>W.</u>	c. (Last) <u>CROSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-54</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-14-1879</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
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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 (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>P. Z. White</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel C. Piper</u>	14. NAME OF HUSBAND OR WIFE <u>Noah</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Byron Cross, Laclede, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of uterus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fibroid tumors of uterus 10 yrs</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		<u>10 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>174X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 July, 1953, to March, 1954, that I last saw the deceased alive on 3-10, 1954, and that death occurred at 12:32 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Simpson</u>	(Degree of title) <u>Dr.</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>3/17/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 17-1954</u>	REGISTRAR'S SIGNATURE <u>Chris A. Masters</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers</u>	ADDRESS <u>Laclede, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
80

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 _____

W R Wright

Licensed Embalmer No. 4653

P. O. Address La Cade, 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.