

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11665

State File No.

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>4180</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u> <u>0350</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City-Taylor Addition</u>				d. STREET ADDRESS (If rural, give location) <u>City-Taylor Addition</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>EVIANELL</u>				a. (First) <u>ALDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1954</u>	
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>Dec. 11, 1922</u>	
9. AGE (In years last birthday) <u>31</u>		10. MONTHS <u>4</u>		11. DAYS <u>21</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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>West Point, Ark.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Richard Howell</u>				13b. MOTHER'S MAIDEN NAME <u>Elsie Toller</u>		14. NAME OF HUSBAND OR WIFE <u>----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Howell, Campbell, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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		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)		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 <u>April 30, 1954</u> , to <u>May 1, 1954</u> , that I last saw the deceased alive on <u>May 1, 1954</u> , and that death occurred at <u>11:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Byron L. Franklin</u>				23b. ADDRESS <u>107 Campbell, Mo.</u>		23c. DATE SIGNED <u>5-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. R.R.</u>	
DATE REC'D BY LOCAL REG. <u>5/4/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Paula Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>		ADDRESS <u>Campbell, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JEFFERSON COUNTY HEALTH
DEPARTMENT 5-10-54
COUNTY FILE NUMBER 554

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

Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address

Campbell, 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.