

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22791

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>			
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY OR TOWN <u>Rural, Hamilton</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. N.W. Eagleville, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roid Hosp + Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. N.W. Eagleville, MO</u>			
3. NAME OF DECEASED (Type or Print) <u>MAYIE M EVELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>NOV. 29, 1908</u>	9. AGE (In years last birthday) <u>45</u>	10. MONTHS <u>8</u>	11. DAYS <u>3</u>	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House W. fr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>		11. BIRTHPLACE (State or foreign country) <u>HARRISON, CO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Fred Grabbill</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Nathan R. Evoland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARRY EVELAND</u> ADDRESS <u>K.C. MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Intestinal Tract</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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) _____					
		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 _____				20. AUTOPSY? <u>153 X</u> YES <input type="checkbox"/> NO <input 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) _____		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>7-30</u> , 19 <u>54</u> , to <u>Aug 2</u> , 19 <u>54</u> that I last saw the deceased alive on <u>July 2</u> , 19 <u>54</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Reed</u> (Degree or title) _____				23b. ADDRESS <u>Bethany, MO</u>		23c. DATE SIGNED <u>8-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 mi. N.W. Eagleville MO</u>		
DATE REC'D BY LOCAL REG. <u>8/5/54</u>		REGISTRAR'S SIGNATURE <u>Zola Burrows</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. W. Boggers</u> ADDRESS <u>Eagleville MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-30-54

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 *Robert R. Boggs*

Licensed Embalmer No. *3576*

P. O. Address *Pidgeonway 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.