

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40522

FILED JAN '3 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>165</u>		
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DUNKLIN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nolcomb</u>		<u>0350</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DUNKLIN COUNTY MANORIAL</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1 (GIBSON)</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cordie</u> b. (Middle) <u>E</u> c. (Last) <u>EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>25</u> <u>1954</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 12, 1891</u>		9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months Days	# UNDER 1 MRS. 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 (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Roy</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John C. Evans</u>			
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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John C. Evans, Nolcomb, Mo. Rt. 1</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 Concussion +</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture Rt. tibia +</u> DUE TO (c) <u>Multiple abrasions + lacerations</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>E8124 25</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dunklin County 035 Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jul 25 1954 8 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile - Pedestrian accident</u>				
22. I hereby certify that I attended the deceased from <u>7-25, 1954</u> to <u>7-25, 1954</u> that I last saw the deceased alive on <u>July 25, 1954</u> and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul C. Mittenberger M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>12-29-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nolcomb Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-30-54</u>		REGISTRAR'S SIGNATURE <u>Carl Huschard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd Kussell, Piggott, Ark.</u>				

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

RECEIVED DUTKALIN COUNTY HEALTH
DEPARTMENT 12-31-54
COUNTY FILE NUMBER 157-335

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 *Lucy J. Tyler*
Licensed Embalmer No. *1001 Ark.*
P. O. Address *Piggott Ark.*

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.