

THE DIVISION OF HEALTH OF MISSOURI FILED MAY 23 1955 STANDARD CERTIFICATE OF DEATH

15121

State File No.

380

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

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5446</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u> <u>Cooper Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural S. E. of Stanberry</u>				c. LENGTH OF STAY (In this place) <u>4 miles</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION " " "				d. CITY (If outside corporate limits, write RURAL and give township) <u>S. E. Of Stanberry one fourth mile</u>			
e. STREET ADDRESS <u>Cooper Township</u>				f. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mrs. Annie Elizabeth Evans</u>		b. (Middle)		c. (Last)	
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 15 1972</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 <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Lynchburg, Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Crute Evans</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>Mr. Crute Evans, Stanberry, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>Scrubty</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) (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>1953</u> , 19 <u>53</u> , to <u>May 13, 1955</u> , that I last saw the deceased alive on <u>May 12, 1955</u> , and that death occurred at <u>1</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. C. McEligan</u>				23b. ADDRESS <u>207 Stanberry Mo</u>		23c. DATE SIGNED <u>5-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Near Denver Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 16-55</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		FURNERAL DIRECTOR'S SIGNATURE <u>W. H. Phillips</u>		ADDRESS <u>Stanberry Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Lator Philip*

Licensed Embalmer No. *1898*

P. O. Address *Storhenny*

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.