

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25798

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>777</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Mt. View</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL <u>WZARK OSTEOPATHIC HOSPITAL</u>				No. STREET ADDRESS (If rural, give location) <u>0760</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Evelyn</u>		b. (Middle)		c. (Last) <u>Burns</u>	
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>1</u>		(Year) <u>1955</u>	
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>7/20/1917</u>	
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. 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 <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Mt. View, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert McAdams</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Norton</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Eddie Burns</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>Mr. Eddie Burns</u>		ADDRESS <u>MT. VIEW, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Exanguination</u> ANTECEDENT-CAUSES DUE TO (b) <u>Uterine appoplexy and necrosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Incomplete abortion 3 to 4 months</u> Conditions contributing to the death but not related to the disease or condition causing death: <u>regnancy with intra uterine degeneration.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6500</u>	
19a. DATE OF OPERATION <u>9/1/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Uterine appoplexy and necrosis and gangrene</u>				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) m.		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>8/29/</u> , 19 <u>55</u> , to <u>9/1/</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/1/</u> , 19 <u>55</u> , and that death occurred at <u>7:10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William S. Nebel MD</u>		(Degree or title)		23b. ADDRESS <u>700 E. Sunshine</u>		23c. DATE SIGNED <u>9/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>9/2/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. VIEW, MISSOURI</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>9-2-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Williamson</u>		ADDRESS <u>SPRINGFIELD, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Gene C. Hunter*
Licensed Embalmer No. *472*

P. O. Address..... *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.