

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If death occurred in a city or town not incorporated in the county, give city and county.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>									
b. CITY OR TOWN <u>Granby</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Seneca</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Com. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 1, 5 mi So. of Seneca</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>			b. (Middle) <u>Delphine</u>		c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1955</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>whit.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>		8. DATE OF BIRTH <u>Nov. 6, 1871</u>		9. AGE (In years last birthday) <u>80</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; omit if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME, <u>Hilbreath</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Monte Evans</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Williams, Goodman, Mo</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								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>				ANTECEDENT CAUSES								3 wks.	
				DUE TO (b) <u>Thrombotic Encephalomalacia</u>								Over 1 yr.	
				DUE TO (c) <u>Arterio-sclerosis</u>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>332X</u>									
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)		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>9/3</u> , 1955, to <u>9/11</u> , 1955, that I last saw the deceased alive on <u>9/11</u> , 1955, and that death occurred at <u>2:53 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Charles O. Chester D.O. Granby, Mo.</u>								23b. ADDRESS				23c. DATE SIGNED <u>9/12/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem. Newton Co. Mo</u>			24d. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REG. <u>Sept. 17, 1955</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hinkle</u>			ADDRESS <u>Seneca Mo</u>					

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No.

District File Number

Date Filed **25** 195**8**

NEOSHO, MISSOURI

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 *W E Bell*

Licensed Embalmer No. *217*

P. O. Address *Seneca*

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.