#
No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2185

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5-892 Registrar's No. 34

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

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dawt Township
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ozark
c. CITY OR TOWN: Tecumseh
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Dawt Township

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle):
c. (Last): Evans

4. DATE OF DEATH (Month) 1 (Day) 25 (Year) 56

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-27-1882
9. AGE (In years last birthday): 73
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and State or Foreign Country): Ozark Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Evans
13b. MOTHER'S MAIDEN NAME: Susan
14. NAME OF HUSBAND OR WIFE: James R. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Orville Evans
ADDRESS: Tecumseh Mo.

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) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo

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? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1955, *to* Jan 25, 1956, *that I last saw the deceased alive on* Jan 20, 1956 *and that death occurred at* 1:15 ~~4~~ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Hoerman D.O.
23b. ADDRESS: Gainesville Mo
23c. DATE SIGNED: 1-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-56
24c. NAME OF CEMETERY OR CREMATORY: Clear Springs
24d. LOCATION (City, town, or county) (State): Ozark Co. Mo.

DATE REC'D BY LOCAL REG.: 2-1-56
REGISTRAR'S SIGNATURE: Thaus Mahan
25. FUNERAL DIRECTOR'S SIGNATURE: Clinkingbeard
ADDRESS: Gainesville Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Elsey

Licensed Embalmer No. 48

P. O. Address Gainesvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.