

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3667**

FILED MAR 12 1956

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

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) Birksville		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Millard		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Loughlin Hospital				STREET ADDRESS (If rural, give location) Rural #4 0010			
3. NAME OF DECEASED (Type or Print) a. (First) Ethel		b. (Middle)		c. (Last) EVANS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 24, 1886	
9. AGE (10 years last birthday) 49		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) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME L.E. DAVIS		13b. MOTHER'S MAIDEN NAME Letha Dooley		14. NAME OF HUSBAND OR WIFE Fred EVANS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Evans, Millard, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TOXEMIA AND URINITION				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) WIDESPREAD METASTATIC LYMPHOMATOUS LYMPHOSARCOMA					
		DUE TO (c) UREMIA DUE URINARY OBSTRUCTION					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) 2001			
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 2-8 , 19 56 , to 2-20 , 19 56 , that I last saw the deceased alive on 2-20 , 19 56 , and that death occurred at 2:35 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl Loughlin, Jr. M.D.				23b. ADDRESS Kertsville, Mo.		23c. DATE SIGNED 2-29-56	
24a. BURNAL CREMATION REMOVAL (Specify)		24b. DATE Feb. 23, 1956		24c. NAME OF CEMETERY OR CREMATORY 2 O. O. F. Cem.		24d. LOCATION (City, town, or county) (State) Adair, Mo.	
DATE REC'D BY LOCAL REG. 3-6-56		REGISTRAR'S SIGNATURE Nate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wanda Davis, Birksville, Mo.			

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 *Robert B. Davis*.....

Licensed Embalmer No. *421*

P. O. Address *Kirkville,*

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.