

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17401

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6008 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Rural Prater</u>		c. CITY OR TOWN <u>Clark</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>6888</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.H. #1 Clark Mo.</u>			
e. STREET ADDRESS (If rural, give location) <u>R.F.H. #1</u>			

3. NAME OF DECEASED (Type or Print)  
a. (First) MARY b. (Middle) EDITH c. (Last) EVANS

4. DATE OF DEATH (Month) (Day) (Year) May-22-1956  
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Oct-15-1888 9. AGE (In years) (Months) (Days) (Hours) (Min.) 67

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Randolph Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Robinson 13b. MOTHER'S MAIDEN NAME Sallie White 14. NAME OF HUSBAND OR WIFE O.K. 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 O.K. Evans ADDRESS R.F.H. #1 Clark 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>  <u>year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u>		
	DUE TO (c) _____		
11. 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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 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 5-3, 1945, to 5-22, 1956, that I last saw the deceased alive on 5-20, 1956, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.H. McConick D.O. 23b. ADDRESS 300 1/2 Reed St. Moberly Mo. 23c. DATE SIGNED 5-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May-24-1956 24c. NAME OF CEMETERY OR CREMATORY Pischie Cemetery 24d. LOCATION (City, town, or county) (State) Howard Co. Mo.

DATE REC'D BY LOCAL REG. 5-24-56 REGISTRAR'S SIGNATURE Seabrooke 25. FUNERAL DIRECTOR'S SIGNATURE Cater Funeral Home Moberly Mo. ADDRESS \_\_\_\_\_

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

JUN 12 1956

---

---

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 *Jerry R. Carter*.....  
Licensed Embalmer No. *49016*

P. O. Address *Moberly, Mo.*

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.