

STANDARD CERTIFICATE OF DEATH

State File No. 21000

FILED AUG 22 1956

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4326 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo		c. LENGTH OF STAY (Place) 11 1/2	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo		d. STREET ADDRESS (If rural, give location) 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Arilla b. (Middle) A. c. (Last) Evoritt			4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 56
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-3-1872
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 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	11. BIRTHPLACE (State or foreign country) Mercer Co., Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John B. Turrell	
13b. MOTHER'S MAIDEN NAME Eliza Coon		14. NAME OF HUSBAND OR WIFE Robert E. Evoritt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Robert E. Evoritt		ADDRESS Princeton, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma of ovary	
INTERVAL BETWEEN ONSET AND DEATH 20 min.		20 min. 6 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175x	
20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July 19 54</u> , to <u>Aug. 15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug. 15</u> , 19 <u>56</u> , and that death occurred at <u>12:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Frank H. Albert, MD</i>		23b. ADDRESS Princeton, Missouri	
23c. DATE SIGNED 8-16-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-18-56	
24c. NAME OF CEMETERY OR CREMATORY Princeton		24d. LOCATION (City, town, or county) (State) Mercer Co., Mo	
DATE REC'D BY LOCAL HEALTH DEPT. 8-17-56		REGISTRAR'S SIGNATURE <i>Noel Moss</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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