

STANDARD CERTIFICATE OF DEATH

39067

STATE FILE NUMBER

FILED DEC 5 - 1956

Registration District No. 290 Primary Registration District No. 4430 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crocker, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Crocker, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None.</u>		Length of stay in lb <u>3 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>None.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Evelyn</u> Middle <u>(Unknown)</u> Last <u>Stallard.</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>27</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>75</u> Days <u>75</u> Hours <u>75</u> Min. <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	11. BIRTHPLACE (City and state or country) <u>Southfork, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown Hanner.</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT <u>Rolla Edwin Stallard Crocker, M.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension.</u>					<u>4 yrs</u>	
DUE TO (c) <u>Secondary Bronchial pneumonia.</u>					<u>12 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>331x</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>✓</u>			
20c. TIME OF INJURY Hour <u>✓</u> Month <u>✓</u> Day <u>✓</u> Year <u>✓</u> a. m. <u>✓</u> p. m. <u>✓</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>1950</u> to <u>NOV. 27, 1956</u> and last saw her ^{her} _{him} alive on <u>NOV. 27, 1956</u> Death occurred at <u>11:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>John A. Minkovich, D.O.</u>			22b. ADDRESS <u>Crocker, Missouri</u>		22c. DATE SIGNED <u>11/28/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/29/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemet.</u>		23d. LOCATION (City, town, or county) (State) <u>Crocker, Mo.</u>		
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u>		ADDRESS <u>Crocker, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-29-56</u>	26. REGISTRAR'S SIGNATURE <u>Paula Inge Anderson</u>		

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

9-5-68-11
163
COUNTY HEALTH OFFICE
1-2-1-51
RECEIVED

MS
OCT 1
1959

1959 OCT 3
1959

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 *Carroll Cross*

Licensed Embalmer No. *48*

P. O. Address *Waynesville*

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