

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26138**

FILED JUL 26 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6616**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Hillsboro	
c. LENGTH OF STAY (in this place) 1 month		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		e. STREET ADDRESS (If rural, give location) 221 S. Broad St. 812^o	

3. NAME OF DECEASED (Type or Print)	a. (First) EVELYN	b. (Middle) C	c. (Last) GOOD	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13, 1893	9. AGE (In years last birthday) Months Days Hours Min. 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Edward Wolfe	13b. MOTHER'S MAIDEN NAME Jessie Currier	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 343038283	17. INFORMANT'S SIGNATURE OR NAME Mary Evelyn Brown	ADDRESS Crystal Lake, Ill.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis, post-operative.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Cirrhosis of the Liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Polyp of Colon			

19a. DATE OF OPERATION 7/2/57	19b. MAJOR FINDINGS OF OPERATION Without of Liver, Splenomegaly 298.0	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 <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 **July 10, 1957**, to **July 13, 1957**, that I last saw the deceased alive on **July 13, 1957**, and that death occurred at **10:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph Valley M.D.	23b. ADDRESS 770 N. Euclid	23c. DATE SIGNED 7/15/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16-57	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Hillsboro, Illinois
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DATE REC'D BY LOCAL REG. JUL 16 57	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Bass	ADDRESS Hillsboro, Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. ED. MC AFFE

ST. Lukes
10776 80

10077 Embled

F01-1385

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 *P. E. Barr*.....

Licensed Embalmer No. 2675.....

P. O. Address Hillsboro,

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.