

FILED JAN 13 1958

STANDARD CERTIFICATE OF DEATH

45169

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4362 Registrar's No. 3

| | | | | | | | |
|---|-----------------------------------|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morehouse</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Canshou</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Corda</u> Middle <u>Evans</u> Last <u>Evans</u> | | | | 4. DATE OF DEATH Month <u>12</u> Day <u>28</u> Year <u>57</u> | | | |
| 5. SEX <u>F.M.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>7-4-1883</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days |
| 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 | | 11. BIRTHPLACE (City and state or country) <u>Bassett, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |
| 13. FATHER'S NAME <u>Unknown</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Mary Davis</u> | | | |
| 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 Address <u>Hela Hicks - Morehouse, Mo.</u> | | | |
| 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 (PONTINE)</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> | | DUE TO (c) | | | 10 YRS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) | | | | | | | 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.) | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. | Month, Day, Year | | | | | | |
| 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.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>8/57</u> , to <u>12/27/57</u> and last saw ^{her} _{him} alive on <u>12/27/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Ralph Franklin M.D.</u> | | | | 22b. ADDRESS <u>Morehouse, Mo</u> | | 22c. DATE SIGNED <u>12/30</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | (State) |
| <u>Burial</u> | <u>12-30-57</u> | <u>Memorial Park</u> | | <u>Sikeston, Mo.</u> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Sikeston Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>12-31-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Kathryn L. McBain</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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Health,
& Welfare
S. Public
th ServiceS. 300
v. 1-56

Securing the medical certificate in the same manner required by T93-TAD MONS 1949.

(Licensed Embalmer's Statement on Reverse Side)

8561 21 NYC
JAN 17 1958

DATE RECEIVED JAN 6 1958
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Merick Watson

Licensed Embalmer No. 471

P. O. Address Dexter, 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.