

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011017
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>805 N. 7TH ST</u>	
Length of stay in lb <u>39 YEARS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>BERTHA LENA EVELAND</u>			4. DATE OF DEATH Month Day Year <u>MARCH 23, 1958</u>			
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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>APRIL 11, 1898</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GLUZE FACTORY</u>	11. BIRTHPLACE (City and state or country) <u>PLEASANT HILL, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAKE ELLIOTT</u>	13b. MOTHER'S MAIDEN NAME <u>LULA ROBINSON</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM ROBERT EVELAND</u>
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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) <u>N/A</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>W. R. EVELAND, LOUISIANA, MO.</u>
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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>generalized widespread carcinoma of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sev. months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<u>1561</u>
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>3/4/58 Exploratory Laporotomy, Drained Gall-bladder</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Month, Day, Year a.m. p.m. -----	

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 -----
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21. I attended the deceased from 2/21/58 to 3/23/58 and last saw her alive on 3/23/58
Death occurred at 10:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Of doctor or title) <u>[Signature]</u>	22b. ADDRESS <u>Louisiana, Missouri</u>	22c. DATE SIGNED <u>3/25/58</u>
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23a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION <u>BURIAL</u>	23b. DATE <u>MARCH 25, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETANY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO</u>
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24. FUNERAL DIRECTOR ADDRESS <u>GEO. M. COLLIER, LOUISIANA, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>March 25, 58</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *Geo. M. Callier*

Licensed Embalmer No. *3839*
P. O. Address *Louisiana*

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.