

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028201

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 359

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Malden</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <i>Ellis Fischel State</i> INSTITUTION <i>Cancer Hospital</i>		Length of stay in lb <i>2mo 19days</i>	d. STREET ADDRESS (If outside, give location) <i>305 N. Edwards</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Eva Elizabeth Lynn</i>			4. DATE OF DEATH Month Day Year <i>9 16 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Separated MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-16-08</i>
9. AGE (In years last birthday) <i>50</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Near Hayti Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John Powers</i>	
13b. MOTHER'S MAIDEN NAME <i>Henrietta Fox</i>		14. NAME OF HUSBAND OR WIFE	
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. <i>None</i>	17. INFORMANT <i>Hospital Records</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Epidermoid carcinoma of the uterine cervix stage III</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6mo</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>71X</i>
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 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
21. I attended the deceased from <i>5-28-58</i> to <i>8-16-58</i> and last saw ^{her} him alive on <i>8-16-58</i> Death occurred at <i>12:25 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Richard E. Johnson, M.D.</i>		22b. ADDRESS <i>Columbia, Mo</i>	22c. DATE SIGNED <i>8-16-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>8-16-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Campbell Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Campbell, Mo</i>
24. FUNERAL DIRECTOR <i>Lapman Sprinkle</i>	ADDRESS <i>Col. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Aug 16 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. R. E. Palmer</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

31
6

8961 27 802

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 *[Signature]*
Licensed Embalmer No. *4725*
P. O. Address *[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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.