

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037758
STATE FILE NUMBER

FILED OCT 30 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9886

S. 300
- 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>Crawford</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cuba	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Bapt.		Length of stay in lb 4 days		d. STREET ADDRESS Rt. 1 (If outside, give location)	
3. NAME OF DECEASED (Type or print) MARY		First Middle Last EVANS		4. DATE OF DEATH 10-12-58 Month Day Year	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Cuba, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John T. Johnson		13b. MOTHER'S MAIDEN NAME Keturah Cowden	
14. NAME OF HUSBAND OR WIFE unknown		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. none	
17. INFORMANT Margaret Treece, Cuba, Mo.		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) <i>Cardiac Decompensation</i> DUE TO (b) <i>Coronary artery disease</i> DUE TO (c) <i>Diabetes</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Gangrene right foot, above knee amputation</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 CUBA		COUNTY		STATE	
21. I attended the deceased from <u>Oct. 8-1958</u> to <u>Oct. 12-1958</u> and last saw ^{her} him alive <u>Oct. 12-1958</u> Death occurred at <u>9:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert Thomas M.D.</i>		(Degree or title) O		22b. ADDRESS <i>100 N Euclid</i>	
22c. DATE SIGNED <i>10-15-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>10-13-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>CUBA, Mo.</i>		23d. LOCATION (City, town, or county) <i>CUBA, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Hoener, Cuba, Mo.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>OCT 16 58</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		ADDRESS		27. DATE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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 *V E Morris*

Licensed Embalmer No. *3360*
P. O. Address *St Louis,*

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.