

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037228

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 224

ENDED

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>	Length of stay in 1b <i>30 years</i>	c. CITY OR TOWN <i>Moberly</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>820 Promenade</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>820 Promenade</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>EVELYN CLARICE TRUE</i>			4. DATE OF DEATH Month Day Year <i>October-11-1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov-26-1914</i>	9. AGE (last birthday) <i>44</i>
10. USUAL OCCUPATION (Give kind of work done during host of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state of country) <i>Ardmore Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Everett F. Lucas</i>		13b. MOTHER'S MAIDEN NAME <i>Pearl Alexander</i>	14. NAME OF HUSBAND OR WIFE <i>James Orville True</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>J. O. True Moberly Mo.</i>	

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>3 mo</i>
IMMEDIATE CAUSE (a) <i>metastatic adenocarcinoma of breast to both lungs</i>		<i>4 mo</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>wide spread generalized metastases of breast adenocarcinoma</i>	
	DUE TO (c) <i>coronary</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>SIMPLE MASTECTOMY, BILATERAL OOPHORECTOMY AND RESECTION OF ILLIACARY NERVE 11 JUNE 1958</i>		PART III. If deceased was a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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
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21. I attended the deceased from *Aug 27 1954* to *Oct 11 1959* and last saw her <sup>her</sup> <sub>home</sub> live on *Oct 11 1959*  
Death occurred at *1:10 P.m* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Clarence Clapham MD</i>	22b. ADDRESS <i>Moberly Mo</i>	22c. DATE SIGNED <i>10-11-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct-13-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly Missouri</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo</i>	25. DATE RECD. BY LOCAL REG. <i>10-13-59</i>	REGISTRAR'S SIGNATURE <i>Bea Adlowe</i>	

BY AFFIDAVIT OF

6981 92 130 SA  
OCT 26 1959

**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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.