

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013940

FILED VS MAR 29 1960

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 73

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Vernon</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twp</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Barry</u>	
Length of stay in lb <u>24 10m 3d</u>		c. CITY OR TOWN <u>Monett R2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR <u>Missouri State Hospital # 3</u> INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>R2</u>		(If outside, give location)	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First <u>Eva</u>		Middle <u>M</u>		Last <u>Evins</u>		<u>3 16 1960</u>	
5. SEX <u>F</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>11-27-97</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Otto Mills</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Hickman</u>			14. NAME OF HUSBAND OR WIFE <u>unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT <u>Records</u> <u>Mo. State Hosp. # 3</u>		Address <u>Nevada Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Carcinoma of Breast</u>						<u>6 mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
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>Manic Depressive Reaction - Manic</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <u>7-1-59</u> to <u>3-16-60</u> and last saw her <u>alive</u> on <u>3-16-60</u> Death occurred at <u>8:05</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J.A. Combs</u>				22b. ADDRESS <u>Nevada Mo</u>		22c. DATE SIGNED <u>3-16-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-19-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickman Cemetery</u>		23d. LOCATION (City, town, or county) <u>Pea Ridge, Arkansas</u>		(State)	
24. FUNERAL DIRECTOR <u>Mercer Funeral Home Monett, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-25-1960</u>	26. REGISTRAR'S SIGNATURE <u>Prima E. Jurek</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Angles Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.