RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1960

-60-039009
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 434

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Masonic Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RFD 1
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Evalina Middle: Last: Dryden
4. DATE OF DEATH: Month: October Day: 23 Year: 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Jan. 23, 1855
9. AGE (last birthday): 105
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): RetiredHousewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Silex, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Alec Palmer
13b. MOTHER'S MAIDEN NAME: Malinda ?
14. NAME OF HUSBAND OR WIFE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Mary Jenkins Address: RFD 1 Hannibal, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis and — 20 yrs
DUE TO (c): Hypertensive heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 1940, to Oct. 23-1960 and last saw her alive on Oct 22-1960
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. G. Porter (Degree or Title) B.S. D.O.
22b. ADDRESS: 412 Center St. Hannibal Mo
22c. DATE SIGNED: 11/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 26, 1960
23c. NAME OF CEMETERY OR CREMATORY: Robinson Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR: Geo E Roberts ADDRESS: 1218 Broadway Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 11/4/60
26. REGISTRAR'S SIGNATURE: Dr. E. M. Kuche by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Geo E Roberts
George E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal, Misso

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