

I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 1 1960

-50-042839

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4304 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TUSCUMBIA</u>		Length of stay in 1b <u>11 DA.</u>	c. CITY OR TOWN <u>EUGENE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphreys Hospt.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>EUGENE</u>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>DOLLIE</u>	First Middle Last <u>EVANS</u>	4. DATE OF DEATH <u>11-18-60</u>	Month Day Year
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-10-1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>MILLER CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES R. BITTLE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY F. ROBERTS</u>	14. NAME OF HUSBAND OR WIFE <u>JAS. S. EVANS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONIE</u>	17. INFORMANT <u>LAVERNE MERRILL</u>	Address <u>E. ST. LOUIS, MO.</u>
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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>Electrolyte Imbalance</u>		<u>2 HOURS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Intestinal Obstruction</u>	<u>2 YEARS</u>
	DUE TO (c) <u>Severe Adhesions</u>	<u>2 YEARS</u>

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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.)
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20c. TIME OF INJURY. Hour a.m. p.m.	Month, Day, Year
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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 1958 to 11-18-60 and last saw her alive on 11-18-60
 Death occurred at 1:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O.</u>	22b. ADDRESS <u>TUSCUMBIA, MO.</u>	22c. DATE SIGNED <u>11-18-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-21-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EUGENE</u>	23d. LOCATION (City, town, or county) (State) <u>EUGENE MO</u>
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24. FUNERAL DIRECTOR <u>Louis D. Phillips</u>	ADDRESS <u>Tusculum</u>	25. DATE RECD. BY LOCAL REG. <u>11-22-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

