

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009707

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. 4309 Registrar's No. 25-61

AMENDED

FILED APR 4 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southwest City		Length of stay in 1b 86 years	c. CITY OR TOWN Southwest City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Family Home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MAGGIE HOWE EVANS			4. DATE OF DEATH Month Day Year March 19, 1961
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 11-14-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY clerical	9. AGE (last birthday) 86 IF UNDER 1 YEAR Months 4 Days 5 IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) Southwest City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Abram Buford Shields		13b. MOTHER'S MAIDEN NAME Cassie Robinson	14. NAME OF HUSBAND OR WIFE W.L. Evans
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 Address FranE S. Evans Southwest City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) terminal Bronchial Pneumonia DUE TO (b) Chronic Myocarditis with Decompenstation DUE TO (c) Arteriosclerosis and Senility 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"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
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 a.m. p.m. Month, Day, Year			
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 2-14-61 to 3-19-61 and last saw her ^{him} alive on 3-19-61 Death occurred at 1:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.E. Karmack, M.D.		22b. ADDRESS Southwest City Mo	22c. DATE SIGNED 3-29-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-22-1961	23c. NAME OF CEMETERY OR CREMATORY Southwest City	23d. LOCATION (City, town, or county) (State) Southwest City, Mo.
24. FUNERAL DIRECTOR ADDRESS Humphrey & Son Noel, Mo.		25. DATE RECD. BY LOCAL REG. MARCH 30, 1961	26. REGISTRAR'S SIGNATURE Mary L. Bradley

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 *W. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.

Burial

Humphrey & Son