

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-52-014423

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 212

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 14 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 0168			
2 81202			
3			
4 2			
5 2			
6			
7 1			
8 2			
9 1810A			
10			
11			
12 3-0			
13 1-0			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospt.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pulaski</u> c. CITY OR TOWN <u>Mounds</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>410 N. Blanche St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle Last <u>Evans</u>		4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>1/1/1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Warehouse</u>	11. BIRTHPLACE (City and state or country) <u>Memphis, Tennessee</u>
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT <u>Artie Everett, Mounds, Illinois</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uræmia</u> DUE TO (b) <u>Bilateral Urteral Obstruction</u> DUE TO (c) <u>Cancer of Bladder</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>TBC of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wks.</u> <u>6 mos.</u> <u>12 mos.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <u>4-12-62</u> to <u>5-9-62</u> and last saw her/him alive on <u>5-9-62</u> Death occurred at <u>10:45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul B. Newbauer M.D.</u>		22b. ADDRESS <u>Cape Girardeau Mo</u>	
22c. DATE SIGNED <u>5-11-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Spencer Heights</u>	
23b. DATE <u>5/14/1962</u>		23d. LOCATION (City, town, or county) (State) <u>Mounds, Illinois</u>	
24. FUNERAL DIRECTOR <u>Edward A. Ruffen</u> ADDRESS <u>2501 Poplar St. Cairo, Illinois</u>		25. DATE RECD. BY LOCAL REG. <u>May 11, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Irene Kasten</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1962

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

*Edward N. Puffin*

Licensed Embalmer No. 5022

P. O. Address Cairo, Illinois

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.