

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4703

State File No. ....

42  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 65

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor Mo</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>   |  | d. STREET ADDRESS (If rural, give location) <u>308 W Florence</u>   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u>   |  | b. (Middle) _____ c. (Last) <u>Evans</u>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9 1949</u>   |  | 5. SEX <u>Female</u>  |  |
| 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |  |
| 8. DATE OF BIRTH <u>Nov 14, 1867</u>  |  | 9. AGE (In years last birthday) <u>81</u>   |  |
| 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 _____   |  |
| 11. BIRTHPLACE (State or foreign country) <u>Calhoun Mo!</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Isaac Finiah</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Catherine Linn</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>J. B. Evans</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) _____  |  |
| 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>John S. Evans</u> ADDRESS _____  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Myocarditis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>My Peritonitis</u> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Windsor Henry Mo</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR? _____  |  | 22. I hereby certify that I attended the deceased from <u>March 9 1949</u> , to <u>March 9 1949</u> that I last saw the deceased alive on <u>3-9</u> , 19 <u>49</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.  |  |
| 23a. SIGNATURE (Degree or title) <u>John S. Evans</u>   |  | 23b. ADDRESS <u>Windsor Mo</u>  |  |
| 23c. DATE SIGNED <u>3-10-49</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>   |  |
| 24b. DATE <u>Mar 12</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>  |  |
| 24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hancey</u> ADDRESS <u>Calhoun Mo</u>  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>3-11-49</u> <u>Florence Adams</u>  |  | 26. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hancey</u> ADDRESS <u>Calhoun Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

356

10.2.4

RECEIVED

District Health Officer No. 7

District File Number 2-49-22

Date Filed 3-14-49

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 myself,  
..... Student Embalmer No. ....

working under my personal supervision.

Signed J. A. Housey  
..... Licensed Embalmer No. 3502  
P. O. Address Calhoun Iron

Signed.....  
Student Embalmer

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 this body is not embalmed, fact should be so stated above.