U.S. No. 300
Rev. 10-48

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3802

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 16

0061

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

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR
c. LENGTH OF STAY (In this place): 5 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: BARTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR 0061
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): TILLIE b. (Middle): MAY c. (Last): EVANS

4. DATE OF DEATH (Month) FEB (Day) 17 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 30 1950
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: XXX
11. BIRTHPLACE (State or foreign country): MILFORD, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: JAMES COY
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ORA E. MEANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: BEULAH RICE, ADDRESS: LAMAR, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arterial Hypertension
DUE TO (c) arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 30 1946, *to* Feb. 17, 1950, *that I last saw the deceased alive on* Feb 17, 1950, *and that death occurred at* 9:00p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jean T. Bickel, MD.
23b. ADDRESS: Lamar, Missouri
23c. DATE SIGNED: 2/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 19 1950
24c. NAME OF CEMETERY OR CREMATORY: HOWELL CEMETERY
24d. LOCATION (City, town, or county) (State): MILFORD, MISSOURI

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Marie Konantz 14
25. FUNERAL DIRECTOR'S SIGNATURE: KONANTZ FUNERAL HOME, ADDRESS: LAMAR, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 21 1950
District Health Office No. 6,
District File Number 250-246
Date Filed 2-21-50

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Walter J. Konantz

Signed .....
Student Embalmer

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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.