

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11872**
 BIRTH NO. _____ REG. DIST. NO. **56** PRIMARY REG. DIST. NO. **5193** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY Carroll	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Egypt		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Egypt Twp. 2	
c. LENGTH OF STAY (on this place) Life		d. STREET ADDRESS (If rural, give location) 7 mi. Northwest of Nelson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Sister			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ELLA	b. (Middle) FAYE	c. (Last) EVANS	(Month) MAY	(Day) 1	(Year) 1951

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 16, 1921	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME HENRY EVANS	13b. MOTHER'S MAIDEN NAME MAGGIE ELLIOT	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME EDITH LEAKY	ADDRESS Norborne Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4-30**, 1951, to **5-1**, 1951, that I last saw the deceased alive on **5-1**, 1951, and that death occurred at **2:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE S. C. Coe, M.D.	(Degree or title)	23b. ADDRESS Norborne Mo.	23c. DATE SIGNED 5-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-3-51	24c. NAME OF CEMETERY OR CREMATORY Wakanda Cem.	24d. LOCATION (City, town, or county) (State) Ray Co. Mo.
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DATE REC'D BY LOCAL REG. MAY 2-1951	REGISTRAR'S SIGNATURE Eileen Pennington	46	25. FUNERAL DIRECTOR'S SIGNATURE Kingshild & Boeckherding	ADDRESS Norborne Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
1-70



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
Student Embalmer

Signed.....

Licensed Embalmer No. *46780*

P. O. Address..... *Hardin, 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 this body is not embalmed, fact should be so stated above.