

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25985**

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY OR TOWN <u>RURAL CONCORD</u>		c. CITY OR TOWN <u>RURAL CONCORD</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS</u>		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINERAL POINT R.R.#1</u>		d. STREET ADDRESS (If rural, give location) <u>MINERAL POINT R.R.#1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>EVENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 19, 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 15 1885</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>WILLIAM H. SPARKS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY A. TROUT</u>	14. NAME OF HUSBAND OR WIFE <u>J.A. EVENS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>498-05-7758</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.R. EVENS</u>	ADDRESS <u>MINERAL POINT RR#1, MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>metastasis to liver & lungs</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>175X</u>	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) (Min.)	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 March 1951 to July 19, 1951, that I last saw the deceased alive on 7-18, 1951, and that death occurred at 2:30 am. from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Gerbe M.D.</u>	23b. ADDRESS <u>Wexlage Mo</u>	23c. DATE SIGNED <u>7-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOPEWELL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WASHINGTON COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7/26/51</u>	REGISTRAR'S SIGNATURE <u>Therese Eichenberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BOYER FUNERAL HOME</u>	ADDRESS <u>LEADWOOD, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED

AUG 21 1951

AUG 21 1951

WASH. COUNTY HEALTH DEPT.

File No. 851-217

REC'D
AUG 21 1951

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.