No. 300
10.48

FILED OCT 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34638

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 117

840
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polk Mo South McKinley
c. LENGTH OF STAY (in this place): 10 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mi. N.W. of Polk Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk 0840
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Polk Mo South McKinley
d. STREET ADDRESS (If rural, give location): 4 Mi. N.W. of Polk, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Zona b. (Middle) May c. (Last) Evans
4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 27 1867
9. AGE (In years last birthday): 83 — If under 1 year: Months 9, Days 12 — 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: Housework
11. BIRTHPLACE (State or foreign country): Dallas County Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Thomas Cox
13b. MOTHER'S MAIDEN NAME: Elizabeth Jones
14. NAME OF HUSBAND OR WIFE: T. S. Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mark Evans ADDRESS: Polk 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) Arterosclerosis General

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
Conditions contributing to the death but not related to the disease or condition causing death. ✓

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 4500
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 for several months, 19__, that I last saw the deceased alive on ✓, 19 —, and that death occurred at 7:00 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J H Bridges M.D.
23b. ADDRESS: Bolivar, Mo
23c. DATE SIGNED: 10/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 12/51
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county): Bolivar (State) Mo

DATE REC'D BY LOCAL REG.: Oct. 10, 1951
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon 255
FUNERAL DIRECTOR'S SIGNATURE: Erwin and Blue
ADDRESS: Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 22 1951
Dist. File 10-21-1858
Date Filed 10-22-51

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 Willard B. Erwin
Licensed Embalmer No. 3092
P. O. Address Bolivar, 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.