FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36094

State File No.

BIRTH NO. 5-930-51 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo 6115
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home: G.C. Batter Farm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouti
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo Gen Del 10-10
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Claudia
b. (Middle): Vie
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): 10 13 1951

5. SEX: F
6. COLOR OR RACE: C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 1/30/51
9. AGE (In years last birthday): —
If under 1 year: Months: 8 Days: 13 Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sikeston, Mo/G.C. Batter farm
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: [illegible]
13b. MOTHER'S MAIDEN NAME: Jettie B McCoyeen
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jettie B. Evans
ADDRESS: Sikeston, 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) Colitis — INTERVAL BETWEEN ONSET AND DEATH:

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5710
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* 10-12, 1951, *to* 10-13, 1951, *that I last saw the deceased alive on* 10-13, 1951, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 10-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/13/51
24c. NAME OF CEMETERY OR CREMATORY: Carptner Cemetery
24d. LOCATION (City, town, or county) (State): 4 Mile NOrth Sikeston, Mo

DATE REC'D BY LOCAL REG.: 10-23-51
REGISTRAR'S SIGNATURE: Mrs. Ola Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Harry Jones
ADDRESS: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 29 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1051-22

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 Cavity Embalmer, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Sikeston M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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