No. 300
10-48

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

FILED JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17270

BIRTH NO. 30500 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 11-52

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphrey Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henley Rural
d. STREET ADDRESS (If rural, give location): 0660

3. NAME OF DECEASED (Type or Print): a. (First) Catherine b. (Middle) Ann c. (Last) Evers

4. DATE OF DEATH (Month) (Day) (Year): 5-21-52

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: 5-19-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours 20 / Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Tuscumbia, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Adelphouse H. Evers
13b. MOTHER'S MAIDEN NAME: Anita Johanna Leuchenhoff
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: L. H. Evers ADDRESS: Henley, Mo. R. Rt.

MEDICAL CERTIFICATION

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) Cerebral Injury — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Birth Trauma — "

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: 7600
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* 5-19-, 1952, *to* 5-21-, 1952, *that I last saw the deceased alive on* 5-21-, 1952, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphrey (Degree or title) D.O.
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Rural "
24b. DATE: May 22 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Martin's Cemetery
24d. LOCATION (City, town, or county) (State): Marys Home - Mo.

DATE REC'D BY LOCAL REG.: May 22, 1952
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright
25. FUNERAL DIRECTOR'S SIGNATURE: Elde Evers ADDRESS: Funeral Director Henley Mo.
Joseph F. Evers - Sexton -

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 29 1952
MILLER COUNTY HEALTH
DEPARTMENT

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.....

P. O. Address.....

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.