No. 300
10-48

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21963

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5390

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 45yrs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2059

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res. 5601 Washington Ct.

d. STREET ADDRESS (If rural, give location) 5601 Washington Ct. 8

3. NAME OF DECEASED (Type or Print) a. (First) Hetty b. (Middle) Grace c. (Last) Evans

4. DATE OF DEATH (Month) (Day) (Year) June 9, 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH April 10, 1870

9. AGE (In years last birthday) 82yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spinster

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) New Canton, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Wesley Evans

13b. MOTHER'S MAIDEN NAME Martha Jackson

14. NAME OF HUSBAND OR WIFE None

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 Dr. James Wesley Evans ADDRESS ClarandonTex

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) Chronic myocarditis. — INTERVAL BETWEEN ONSET AND DEATH 2yr +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c) Cerebral and general.

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 Decubitus sacrum

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

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? 4221X

22. *I hereby certify that I attended the deceased from* 12-8-50 *19*__, *to* 6-9-52, *19*__, *that I last saw the deceased alive on* 6-9-52, *19*__, *and that death occurred at* 11 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.

23b. ADDRESS 864 Hamilton St. Louis 12 Mo

23c. DATE SIGNED 6-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6/13/52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) New Canton, Illinois

DATE REC'D BY LOCAL REG. JUN 12 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, 6175 Delmar ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Dr J Fred Clark
Ca 2354
1-4

[illegible]

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6130 Delmar

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.