

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38072**
Registrar's No. **283**

FILED NOV 20 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 310 BERRY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 BERRY			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) EVELER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) NOV. 10, 1952		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 23, 1872	9. AGE (In years last birthday) 80	10 UNDER 1 YEAR Months 3 Days 17	11 UNDER 2 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) JEFFERSON CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH HUEGEL		13b. MOTHER'S MAIDEN NAME GENEVIVE HERIGER		14. NAME OF HUSBAND OR WIFE FRANK EVELER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADELAIDE EVELER ADDRESS J. C. MO.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-renal disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis		
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 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from **Dec 7, 1949** to **Nov 10, 1952**, that I last saw the deceased alive on **Nov 10, 1952**, and that death occurred at **10:20 PM** from the causes and on the date stated above.

23a. SIGNATURE R. P. Davis MD (Degree or title)	23b. ADDRESS Jeff. City - Mo.	23c. DATE SIGNED 11-17-52
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE NOV. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY ST PETERS	24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.
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DATE REC'D BY LOCAL REG. Nov. 19-52	REGISTRAR'S SIGNATURE R. P. Davis MD - MR.	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle J. C. Mo. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 25 1953

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 _____

Sylvester Rulle

Licensed Embalmer No. 4321

P. O. Address _____
Jefferson City 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.