

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2152**

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5702 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monroe Township 0590</u>	
c. LENGTH OF STAY (in this place) <u>11 years</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles S.W. of Dawn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles S.W. of Dawn</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eveline</u>	b. (Middle)	c. (Last) <u>Evans</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 5, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>December 29, 1913</u>	9. AGE (in years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dawn, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Oliver C. Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Olive Walker</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oliver C. Evans: Dawn, Missouri</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <u>7 days</u> <u>3533</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None that I know</u> DUE TO (c) <u>None that I know</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None that I know</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 building, etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
		<u>Dawn, Livingston, Missouri</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>especially break her</u>
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22. I hereby certify that I attended the deceased from 2-6, 1953, to 2-6, 1953, that I last saw the deceased alive on 2-7, 1953, and that death occurred at home from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Moore MD</u> (Degree or title)	23b. ADDRESS <u>Dawn, Mo</u>	23c. DATE SIGNED <u>2-7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-'53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Welsh</u>	24d. LOCATION (City, town, or county) (State) <u>Dawn, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-7-1953</u>	REGISTRAR'S SIGNATURE <u>Hubert J. Quigg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>	ADDRESS <u>Chillicothe, MO</u>
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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 *Elton F. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.