

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10684**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RAILS	
b. CITY OR TOWN MONROE CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline Township	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) MONROE CITY 0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 317A COURT			

3. NAME OF DECEASED (Type or Print)	a. (First) BERTHA	b. (Middle) ALICE	c. (Last) EVANS	4. DATE OF DEATH (Month) (Day) (Year) MARCH 8th 1953
-------------------------------------	--------------------------	--------------------------	------------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAY 21 1896	9. AGE (in years) (last birthday) 56 Months 9 Days 15 Hours 15 Mts.
----------------------	-------------------------------	---	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) SHANNON County Missouri	12. COUNTRY OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME SAMUEL STUDGEON	13b. MOTHER'S MAIDEN NAME MARTHA E TRENTHAN	14. NAME OF HUSBAND OR WIFE WILLIAM H EVANS
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 489-169052	17. INFORMANT'S SIGNATURE OR NAME William L. Evans	ADDRESS MONROE City, Mo
--	---	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of LEFT BREAST		INTERVAL BETWEEN ONSET AND DEATH 10 YRS
---	--	--	--

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. METASTASIS TO LUNGS	1 YEAR
--	---------------

19a. DATE OF OPERATION 1943	19b. MAJOR FINDINGS OF OPERATION CARCINOMA of LEFT BREAST 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	---	--

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)	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 **JAN 28, 1953**, to **MAR 8, 1953**, that I last saw the deceased alive on **MAR 8, 1953** and that death occurred at **150 P. M.**, from the causes and on the date stated above.

22a. SIGNATURE Stuart B. Bibe	(Degree or title) M.D.	22b. ADDRESS Monroe City Mo	22c. DATE SIGNED 3/10/53
--------------------------------------	-------------------------------	------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 10 1953	23c. NAME OF CEMETERY OR CREMATORY ST. JUDES Cemetery	23d. LOCATION (City, town, or county) (State) Monroe City Missouri
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 3-11-53	REGISTRAR'S SIGNATURE E. L. Robertson	471	23e. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS	ADDRESS Monroe City, Mo.
---	--	-----	--	---------------------------------

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

90

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Mount 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.