

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17090**

No. 300
10-48

FILED MAY 18 1953

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 545
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Platte c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Beverly		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Beverly		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 2		d. STREET ADDRESS (If rural, give location) Beverly Mo		
3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) C. c. (Last) Evans		4. DATE OF DEATH (Month) (Day) (Year) 5 10 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR 2, 1889	9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stenographer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY? America				
13a. FATHER'S NAME K. B. CECIL		13b. MOTHER'S MAIDEN NAME RUTH ELLINGTON		14. NAME OF HUSBAND OR WIFE JOE EVANS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. not given		17. INFORMANT'S SIGNATURE OR NAME O.V. Cecil ADDRESS Beverly Mo
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* Carcinoma of stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis 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. Alcoholic		INTERVAL BETWEEN ONSET AND DEATH 3 months 3 yrs ?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 Mar 23, 1953 to 5-10, 1953 , that I last saw the deceased alive on 5-10, 1953 , and that death occurred at 10:50 am. , from the causes and on the date stated above.				
23a. SIGNATURE O. V. Cecil		23b. ADDRESS State Hospital # 2		23c. DATE SIGNED 5-10-1953
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-13-53	24c. NAME OF CEMETERY OR CREMATORY GRAVELAND CEM.	24d. LOCATION (City, town, or county) (State) WESTON, MO
DATE REC'D BY LOCAL REG. May 13, 1953		REGISTRAR'S SIGNATURE Cather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE VAN CEN FUNERAL HOME ADDRESS WESTON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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

W. R. Vaughn

Licensed Embalmer No. *4023*

P. O. Address *Weston, 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.