

No. 300
10.48

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22383

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Norborne</u>	c. LENGTH OF STAY (In this place) <u>20 years</u>	c. CITY OR TOWN <u>Norborne</u>	d. STREET ADDRESS <u>City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Arnilda</u> c. (Last) <u>Evans</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15-1954</u>									
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 16-1883</u>	9. AGE (In years last birthday) <u>71</u>						

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Laranda Dow Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Letitia Ellen Rankin</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Yola Boggs</u>	17. ADDRESS <u>Hardin Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Apoplexy</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUE TO (b)		
ANTECEDENT CAUSES	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Norborne Carroll Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>334 X</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 p. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray D. Ferguson</u>	23b. ADDRESS <u>Coroner Bogard Mo.</u>	23c. DATE SIGNED <u>7/15/54</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July-16-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>RAY Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>JULY 16-1954</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John O. Deitch</u>
REG. NO. <u>46-</u>		ADDRESS <u>Norborne Mo</u>	

(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 MM

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John S Deitch

Licensed Embalmer No. 3654

P. O. Address Northbone m

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.