

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2511**  
Registrar's No. **0905**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kentucky</b>		b. COUNTY <b>Kenton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 Mo</b>		c. CITY OR TOWN <b>Ludlow</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HAMILTON MEDICAL CENTER 0</b>		e. STREET ADDRESS (If rural, give location) <b>543 Elm Street</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NELL</b>			b. (Middle) <b>MARGARET</b>			c. (Last) <b>EVENS.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 30 55</b>				
5. SEX <b>Female /</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced 3</b>		8. DATE OF BIRTH <b>Aug. 12, 1883</b>			9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hour	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>De Soto, Missouri 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Benjamin Jelkyl</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Fromhold</b>			14. NAME OF HUSBAND OR WIFE <b>Albert Evans</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>unknown</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ross A. Jelkyl, 515 S. Central Avenue</b>		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriovascular Hemorrhage</b> <b>Adeno carcinoma of colon</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
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19a. DATE OF OPERATION <b>10/4/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Same</b>						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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153 X</b>							

22. I hereby certify that I attended the deceased from **11/18, 1954** to **Jan 30, 1955**, that I last saw the deceased alive on **Jan 30, 1955**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Caron Hendrix MD</b>			23b. ADDRESS <b>457 No Kingshighway</b>			23c. DATE SIGNED <b>1/31/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>2-2-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>JAN 31 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.