

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7494

State File No. _____

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>2 wks.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
STREET ADDRESS (If rural, give location) <u>513 Manle St.</u>			

3. NAME OF DECEASED a. (First) <u>Nellie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 4, 1909</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse Aid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hall Station, Tenn.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Thomas G. Clay</u>		13b. MOTHER'S MAIDEN NAME <u>Buela May Voss</u>		14. NAME OF HUSBAND OR WIFE	
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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>196-31-9992</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Clay, Cape Girardeau, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor Cachexia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 Mo.'s</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Esophagus</u>			
		DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lung Abscesses</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>150X</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 August, 1954, to March, 1955, that I last saw the deceased alive on 3-27, 1955, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. A. Reynolds M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>3-29-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/55/</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-3-55</u>		REGISTRAR'S SIGNATURE <u>Lo. Co. Summers</u>		44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Cape Girardeau, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

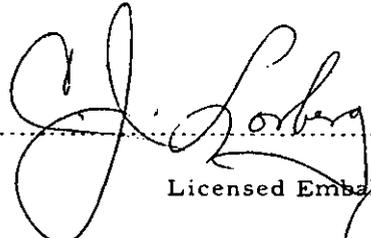
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ,
Licensed Embalmer No. 381
P. O. Address Cape Girardeau

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.