

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11458

State File No. ....

FILED MAY 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 3079 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett 0</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Senath</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>2356</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem. Hosp.</u>			e. STREET ADDRESS (If rural, give location) _____		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) _____ c. (Last) <u>EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 55</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 15 1898</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u>	
13a. FATHER'S NAME <u>John Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Nolan</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Evans</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Give no. or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Evans, Senath 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary arteriosclerotic heart disease myocardial infarction.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral arteriosclerosis, cerebral thrombosis, left side of brain</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 Diabetes mellitus</u>				

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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Senath Mo</u>
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 Aug, 1950, to Mar 4, 1955, that I last saw the deceased alive on Mar 4, 1955, and that death occurred at 6 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eberhard M. Mohler Jr. M.D.</u>	23b. ADDRESS <u>Senath, Mo.</u>	23c. DATE SIGNED <u>4-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc New</u>	24d. LOCATION (City, town, or county) (State) <u>Senath Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-6-1955</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Franklin, Senath Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY H  
DEPARTMENT ..... 5-6-5  
COUNTY FILE NUMBER 555-

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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 *Edwin J. [Signature]*.....

Licensed Embalmer No. 48

P. O. Address *[Signature]*.....

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.