

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21774

FILED AUG 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 689

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|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>   |  | c. CITY OR TOWN <u>Springfield</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>D.O.A.</u>   |  | e. STREET ADDRESS (If rural, give location) <u>Route 9, Box 2671 B</u>  |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Handley Memorial Hospital</u> |  |   |   |

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| 3. NAME OF DECEASED (Type or Print)  |                               |   | 4. DATE OF DEATH   |   |  |
| a. (First) <u>MARY</u>   | b. (Middle) <u>EVANS</u>      | c. (Last) <u>CLEVENGER</u>  | (Month) <u>August</u>  | (Day) <u>7</u>                            | (Year) <u>1955</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>August 9, 1917</u>                                   | 9. AGE (In years last birthday) <u>37</u> | IF UNDER 1 YEAR Months _____ Days _____    |
| 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 <u>Own Home</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co., Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|---|---|---|
| 13a. FATHER'S NAME <u>J Lee Evans</u>                                       | 13b. MOTHER'S MAIDEN NAME <u>Jesse Milton</u> | 14. NAME OF HUSBAND OR WIFE <u>Clifford Clevenger</u>                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u>           | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Clevenger, Springfield, Mo.</u> |

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| 18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>This person was in my office <u>7.23.55</u> . I found her hemoglobin <u>2.50 mgs.</u> There was a mass in her left side - possibly malignant. I arranged for her to go into the hospital - she called me next day - saying she guessed she would not go to hospital. I told her not to delay too long. Next I heard was from the undertaker that he had the body and would I sign the death certificate. |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>1999</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |

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| 19a. DATE OF OPERATION                                | 19b. MAJOR FINDINGS OF OPERATION   | 19c. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 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?  |

22. I hereby certify that I attended the deceased from see under No. 18--above, 1918, that I last saw the deceased alive on 12:15P, 1918, and that death occurred at 12:15P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>505 Med. Arts Bldg., Springfield, Mo.</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 12, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mars Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Aurora, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>8/12/55</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeizer, Springfield, Mo.</u> |
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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.....  
Signature of Student Embalmer

Signed *Robert E. Mulholland*

Licensed Embalmer No. *491*

P. O. Address *Springfield*

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.