

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27082

FILED SEP 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>242</u>		PRIMARY REG. DIST. NO. <u>4362</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>		c. LENGTH OF STAY (In this place) <u>3 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex</u>		d. STREET ADDRESS (If rural, give location) <u>Rfd. 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rfd. 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>			b. (Middle) <u>Bell</u>		c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 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>Jan. 7, 1890</u>		9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>homemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Charles Marsh</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Evans</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>XX X X X X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flora Childress Morehouse, Mo.</u>	ADDRESS <u>Flora Childress Morehouse, Mo.</u>						
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lungs</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 Right Breast 2 years</u> DUE TO (c) <u>170X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (m.)		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 <u>July 3, 1955</u> , to <u>Aug 31, 1955</u> , that I last saw the deceased alive on <u>Aug 20, 1955</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Lt. Harold A. Poe, D.O., A. Hester, Mo.</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>9/2/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo. R. 1</u>				
DATE REC'D BY LOCAL REG. <u>9-6-55</u>		REGISTRAR'S SIGNATURE <u>Kathryn L. McBaron</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>577 Watkins & Sons</u>		ADDRESS <u>Dexter, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED SEP 12 1955
NEW MADRID CO. HEALTH CENTER

W.G.

P. J. S.
m

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
Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Deister, Mo.

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.