

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30318

BIRTH NO.		REG. DIST. NO. 270		PRIMARY REG. DIST. NO. 5909		Registrar's No. 83			
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Caruthersville		c. LENGTH OF STAY (in this place) 16 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) L.P. Twp.		d. STREET ADDRESS (If rural, give location) Rufus Addition=Rt. 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rufus Addition				d. STREET ADDRESS (If rural, give location) Rufus Addition=Rt. 1					
3. NAME OF DECEASED (Type or Print) a. (First) Vircy			b. (Middle) Evans		c. (Last) Evans				
4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1955									
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 29, 1879			
9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Months		11. UNDER 10 HRS. Hours		12. UNDER 10 HRS. Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home-Domestic		11. BIRTHPLACE (City and State or Foreign Country) Lake Providence, Louisiana		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Cargle			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME County Welfare Office C'ville, Mo				
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) Massive Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 hrs		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				vacuum		
			DUE TO (c) 331X						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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)		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 10 Aug 1955 to 22 Sept 1955, that I last saw the deceased alive on 22 Sept 1955 and that death occurred at A. m., from the causes and on the date stated above.									
23a. SIGNATURE J. Wilke MD				23b. ADDRESS Caruthersville, Mo 9/24/55				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 25, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery		24d. LOCATION (City, town, of county) (State) Caruthersville, Mo.			
DATE REC'D BY LOCAL REG. Sept 27, 1955		REGISTRAR'S SIGNATURE Fessie B. Wilke		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith		ADDRESS 99 Funeral Home C'ville; Mo			

(Inverted Embalmer's Statement on Reverse Side)

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

10-270-55

OCT 3 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.