

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7733

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 23			
1. PLACE OF DEATH a. COUNTY 138 N. W. 4th. Scott Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott					
b. CITY OR TOWN Sibeston		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN Sibeston		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 138 N. West				STREET ADDRESS (If rural, give location) 138 N. West 4th 100-30					
3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) - c. (Last) Evans			4. DATE OF DEATH (Month) (Day) (Year) Jan 26, 1956						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1978 Mar 15, 1877			
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 0		11. BIRTHPLACE (City and State or Foreign Country) Shawneetown, Ill			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Calvin Harris		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ed. Evans (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Ryan - 138 N. West - Sibeston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency, Acute				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Hypertension DUE TO (c) 2 Pulmonary Tuberculosis				13 mos 8.5 years 2-4 yrs.	
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)		431x A			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) 3:30 PM		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 June 1, 1955, to Jan 26, 1956, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at 1:20 p.m., from the causes and on the date stated above.				23a. SIGNATURE Audie B. Smith M.D. (Degree or title)		23b. ADDRESS Sibeston Mo		23c. DATE SIGNED 2-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 28, 1956		24c. NAME OF CEMETERY OR CREMATORY Garden of Memories		24d. LOCATION (City, town, or county) (State) Sibeston - Scott - Mo			
DATE REC'D BY LOCAL REG. 2-6-56		REGISTRAR'S SIGNATURE Mrs. Alta Hunter 4298		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orville Haylor.					

(Licensed Embalmer's Statement on Reverse Side)

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

Can buy off

FEB 13 1956

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 283-39

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MAR 8 1956

MAR 8

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 Charles E. Mungle

Licensed Embalmer No. 487

P. O. Address Louisville,

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.