

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10435

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 395

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novinger		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 1/2 S. Elson St.			Length of stay in 1b	d. STREET ADDRESS City (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cornelia Jane Evans <i>First Middle Last</i>			4. DATE OF DEATH Dec. 27, 1956 <i>Month Day Year</i>		
5. SEX F	6. COLOR OR RACE W	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 28, 1873	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Macomb Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Brunick			14. MOTHER'S MAIDEN NAME Sarah --		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Henrietta Childress, Kirksville, Mo. <i>Address</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THROMBOTIC ENCEPHALOMALACIA DUE TO (c) ARTERIOSCLEROSIS					INTERVAL BETWEEN ONSET AND DEATH MINUTES DAYS YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-1-56 to 12-27-56 and last saw her alive on 12-27-56 Death occurred at 7:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Lyle P. Martin, D.O. <i>(Degree or title)</i>			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 12-29-56
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/29/56	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery		23d. LOCATION (City, town, or county) (State) Novinger, Mo.
24. FUNERAL DIRECTOR Paul W. [unclear] <i>ADDRESS</i> Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-57		26. REGISTRAR'S SIGNATURE Doris W. Rathiff	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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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 *George W. Davalt*.....

Licensed Embalmer No. *47*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.