

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1957

State File No. 128835
Registrar's No. 58

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 4287		State File No. 128835		Registrar's No. 58					
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. LENGTH OF STAY (in this place) 35 yr		c. CITY OR TOWN Troy		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 In her own home				e. STREET ADDRESS 0570 (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) Zelma			b. (Middle) Florence			c. (Last) Evans			4. DATE OF DEATH (Month) (Day) (Year) April 4, 1957				
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 2 1875		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 5 Days 2		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and State or Foreign Country) Corso Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Phillip Abbott				13b. MOTHER'S MAIDEN NAME Billy Lovell				14. NAME OF HUSBAND OR WIFE I.A. Evans					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME I.A. Evans				ADDRESS Troy 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADENOCARCINOMA OF STOMACH</u> <u>2 ABDOMINAL METASTASES</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 YEARS			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 151X				20. AUTOPSY? 2 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)									
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>Nov.</u> , 19 <u>56</u> , to <u>April 4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>APRIL 2, 1957</u> , and that death occurred at <u>2:00 p.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Paul I. Berry M.D.				23b. ADDRESS Troy, Mo.				23c. DATE SIGNED 4-5-57					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7, 1957		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy MO.							
DATE REC'D BY LOCAL REG 4-20-57		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE Zwayer McRay		ADDRESS Troy Mo							

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

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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 *D. W. McCoy*
Licensed Embalmer No. *3586*

P. O. Address *Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.