

FILED NOV 6 1957

STANDARD CERTIFICATE OF DEATH

36905

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3024 Registrar's No. 122

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Louisiana</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>pike Co. Hospital</u> | | Length of stay in 1b <u>59 years</u> | |
| d. STREET ADDRESS <u>521 S. 3rd.</u> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>WESLEY</u> Last <u>EVICK</u> | | | 4. DATE OF DEATH Month <u>OCT.</u> Day <u>21</u> , Year <u>1957</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 13, 1875</u> |
| 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done in last part of working life, even if retired) <u>Retired Ice & Coal Dealer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Ice & Coal Dealer</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Shelbyville, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13. FATHER'S NAME <u>Daniel Evick</u> | | 14. MOTHER'S MAIDEN NAME <u>Nancy Jane Hale</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Mrs. Joe Riley, Louisiana, Missouri</u> | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery Occlusion</u> DUE TO (b) <u>Arteriosclerotic cardio vascular disease.</u> DUE TO (c) <u>Prostatic hypertrophy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>610X</u> | |
| 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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | |
| 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 <u>12-2-54</u> to <u>10-21-57</u> and last saw <u>her</u> alive on <u>10-21-57</u> Death occurred at <u>4:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Chas A Lewellen M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Louisiana, Mo.</u> | |
| 22c. DATE SIGNED <u>10-23-57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10/23/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Riverview cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Oct 23, 1957</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u> | |

74-0

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 *Virginia M. Steene*.....

Licensed Embalmer No. 464

P. O. Address *Louisiana*.....

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