

FILED DEC 10 1957

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hosp.				Length of stay in 1b 1 day		d. STREET ADDRESS (If outside, give location) 413 Linn St.	
3. NAME OF DECEASED (Type or print) MABEL		First M.		Middle EVANS		Last	
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 15, 1877	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jackson McIlvain				14. MOTHER'S MAIDEN NAME Urania Peckham			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 707-16-8665D		17. INFORMANT Clyde C. Evans, Trenton, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Cerebral Disease						INTERVAL BETWEEN ONSET AND DEATH 40 not known	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Disheter Mellitus						Do not know	
DUE TO (c) Frost P. Fever (M.P.)						38 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9000						19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Fall on steps (Leaves) Her Home					
20c. TIME OF INJURY Hour 9 Month Nov Day 26 Year 1957 p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Her Home		20f. CITY, TOWN, OR LOCATION Trenton		COUNTY Grundy STATE Mo.	
21. I attended the deceased from Nov 26-27 to Nov 28-8 and last saw her alive on Nov 27-57 Death occurred at 5:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. A. Duffly M.D.				22b. ADDRESS Trenton Mo		22c. DATE SIGNED Nov 29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 4, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Ronald H. Slater		ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 11-29-57		26. REGISTRAR'S SIGNATURE Irene Fair	

MS
FEB 1 6 1959

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 *Donald H. Slater*

Licensed Embalmer No. 4467

P. O. Address Trenton, N. J.

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.