

7 Health, & Welfare Public Service  
 Elliotts  
 505 1/2 Locust.  
 HULL DEC 1 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-040679  
 STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 267

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Livingston</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> <b>Livingston</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Chillicothe</b>       |  | c. CITY OR TOWN <b>Chillicothe</b> <b>0592</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>201 3rd St</b> |  | d. STREET ADDRESS (If outside, give location) <b>201 3rd Street</b>   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Evalena</b> Middle <b>A</b> Last <b>Cawood</b> |  |  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>20</b> Year <b>1958</b> |  |  |
|--|--|--|--|--|--|

|                         |                                  |   |                                      |  |  |  |
|-------------------------|----------------------------------|---|--------------------------------------|--|--|--|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2-24-1878</b> | 9. AGE (In years last birthday)<br><b>80</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
|-------------------------|----------------------------------|---|--------------------------------------|--|--|--|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b> | 11. BIRTHPLACE (City and state or country)<br><b>Sullivan Co Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|--|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><b>Joseph H. Cawood</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Whitney</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
|---|--|--|

|  |  |  |
|--|--|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Mrs. Veda Browning 201 E 3rd Chillicothe</b> |
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|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 days</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |   |

|   |  |
|---|--|
| 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<br>Hour _____ a.m. _____ p.m. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20e. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|--|------------------------------|--------|-------|

|   |                                    |                                     |
|---|------------------------------------|-------------------------------------|
| 21. I attended the deceased from <b>Nov 15-1958</b> to <b>Nov 20 1958</b> and last saw her alive on <b>Nov 15th</b><br>Death occurred at <b>5 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                    |                                     |
| 22a. SIGNATURE<br><b>Intendant D.O.</b> (Degree or title)   | 22b. ADDRESS<br><b>Chillicothe</b> | 22c. DATE SIGNED<br><b>11-21-58</b> |

|  |                               |  |  |
|--|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Nov 23-58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Harwell Cem</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Harwell Mo</b> |
|--|-------------------------------|--|--|

|  |         |   |   |
|--|---------|---|---|
| 24. FUNERAL DIRECTOR<br><b>Earl M. Kelly Chillicothe</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>11/21/58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Frances B. Newell</b> |
|--|---------|---|---|

300 / 1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Carl M. Keen* .....

Licensed Embalmer No. *3517* .....

P. O. Address *Chillicothe* .....

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.