

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047185

STATE FILE NUMBER

FILED FEB 4 1959

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 8

300  
1-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY OR TOWN Lexington Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lexington 6548 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home Lexington Life Length of stay in lb 4 weeks South		d. STREET ADDRESS (If outside, give location) R. F. D. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Rovilla Bray Evans		4. DATE OF DEATH Month Day Year October 28 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 18, 1886
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Lafayette County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Fletcher Harris Bray	
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Love		14. NAME OF HUSBAND OR WIFE George Evans.	
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. Mary Shroyer, Lexington, Mo. RR		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) Natural Causes profusely Coronary Occasion - this woman was being treated in hospital and to be transported to a hospital and died suddenly. All vomiting for two weeks premonitory to death. Had been treated for a heart condition CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DIED TO (b) DIED TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) a heart condition			INTERVAL BETWEEN ONSET AND DEATH 4261
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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	
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 death occurred at After death on 10-29-58 and last saw her alive on never. 12-28-58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. Martin M.D. Coronary 3		22b. ADDRESS O. Desha Mo.	
22c. DATE SIGNED 10-29-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 30, 1958		23c. NAME OF CEMETERY OR CREMATORY Memorial	
23d. LOCATION (City, town, or county) Lexington, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 1-30-59	
26. REGISTRAR'S SIGNATURE M. E. Estabrook			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *William W. Wood* .....

Licensed Embalmer No. 4539

P. O. Address...Boonville, 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.