

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018562

STATE FILE NUMBER

FILED JUN 8 1959		Registration District No. 23/	Primary Registration District No.	Registrar's No. 141
1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NODAWAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLEARMONT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLEARMONT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WALLIN NURSING HOME		Length of stay in 1b 80 yrs.	d. STREET ADDRESS WALLIN (If outside, give location) NURSING HOME	
3. NAME OF DECEASED (Type or print) EVELYN FOREMAN		First Middle Last	4. DATE OF DEATH MAY 9, 1959	
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 July 16, 1872	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) ELMO, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SAMUEL LIVENGOOD		14. MOTHER'S MAIDEN NAME MIRANDA WOODARD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Ethel Brownfield Address CLARINDA, IOWA	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 2 days
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.) 4201		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1956 to 1959 and last saw her alive on 6-May-59 Death occurred at 1:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE R. V. Jensen (Degree or title) M.D.		22b. ADDRESS CLARINDA, IOWA		22c. DATE SIGNED 5/12/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/12/59	23c. NAME OF CEMETERY OR CREMATORY CLEARMONT CEMETERY	23d. LOCATION (City, town, or county) (State) CLEARMONT, MISSOURI	
24. FUNERAL DIRECTOR Davis Funeral Home		ADDRESS Taxp No. 3-80-59	25. DATE RECD. BY LOCAL REG. 5-12-59	
26. REGISTRAR'S SIGNATURE Bess Holt				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. 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 *John M. Davis Jr.*

Licensed Embalmer No. *40*

P. O. Address *Trask's*

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