

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-024705**

**FILED VS JUL 21 1959 20**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Gentry</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany</b>		Length of stay in lb <b>2 weeks</b>		c. CITY OR TOWN <b>Albany</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>911 S. Polk St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Ruby</b> Middle <b>Clemmons</b> Last <b>Evans</b>				4. DATE OF DEATH Month <b>July</b> Day <b>16</b> Year <b>1959</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2/20/94</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Beatrice, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Walter Clemmons</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Lewis</b>			14. NAME OF HUSBAND OR WIFE <b>W. Eugene Evans</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mr. W. Eugene Evans, Albany, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma R. Breast &amp; Lung</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Nov. 58</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <input checked="" type="checkbox"/>						
			DUE TO (c) <input checked="" type="checkbox"/>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ s.m. _____ p.m.		Month, Day, Year <b>7/16/59</b>							
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 <b>Nov-1958</b> to <b>7/16/59</b> and last saw her <b>her</b> alive on <b>7/16/59</b> Death occurred at <b>6:55 Pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Tom Newman, M.D.</b> (Degree or title)				22b. ADDRESS <b>Albany, Mo.</b>				22c. DATE SIGNED <b>7/17/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>July, 19, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grandview</b>		23d. LOCATION (City, town, or county) <b>Albany, Missouri</b>				
24. FUNERAL DIRECTOR <b>Clifford Brooks</b> ADDRESS <b>Albany, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>7-18-59</b>		26. REGISTRAR'S SIGNATURE <b>Mr. L. W. Bare</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Cochely

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.