MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018406
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 56

FILED JUN 13 1962

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron Mo/ — Length of stay in 1b: 12 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 402 South Chestnut St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Clinton
c. CITY OR TOWN: Cameron — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 402 South Chestnut — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Nellie — Middle Florance — Last Evans

4. DATE OF DEATH: Month May — Day 24 — Year 1962

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb. 28 1874
9. AGE (last birthday): 88
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Harrison Co Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: E.N. Roberts
13b. MOTHER'S MAIDEN NAME: Ella Fratizer
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Russell Wood Cameron Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 15 yrs
DUE TO (c) Generalized arteriosclerosis — 30 yrs.

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-14-62 to 5-24-62 and last saw ~~him~~ her alive on 5-23-62
Death occurred at 6 00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B.H. Compton MD — (Degree or title)
22b. ADDRESS: Cameron, Mo
22c. DATE SIGNED: 6-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-26-1962
23c. NAME OF CEMETERY OR CREMATORY: Graceland Cemetery
23d. LOCATION (City, town, or county) (State): Cameron MO

24. FUNERAL DIRECTOR — ADDRESS: Robert F. Poland Cameron Mo
25. DATE RECD. BY LOCAL REG.: 6-4-62
26. REGISTRAR'S SIGNATURE: Frances D. Crawford

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0251		
2	0251		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	331X		
10			
11			
12	7A-2		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.