

CERTIFICATE OF DEATH

FILED APR 8 1969 316

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 112

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST DOCIA EVELYN DEAN			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) March 28, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) 71	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 22, 1898
CITY, TOWN, OR LOCATION OF DEATH Bismarck			INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Colonial Nursing Home	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed	
SOCIAL SECURITY NUMBER 494-56-0538		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) at home		KIND OF BUSINESS OR INDUSTRY own home	
RESIDENCE—STATE COUNTY Missouri Iron		CITY, TOWN, OR LOCATION Bes Arc		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	STREET AND NUMBER general delivery
FATHER—NAME FIRST MIDDLE LAST John Reed			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Matilda Young		
INFORMANT—NAME Clarence Reed			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Bellevue, Missouri		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF		Labor pneumonia			3 days
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF		Influenza			6 days?
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) NO	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a.	MONTH DAY YEAR 3-17-69 TO 3-28-69	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 3-17-69	WIDOW/DID NOT VIEW THE BODY AFTER DEATH. 21b.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) (MONTH) DAY YEAR HOUR 9:40 P. M. TO THE CAUSE(S) STATED.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.			THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 22b.		
CERTIFIER—NAME (TYPE OR PRINT) 23a.		SIGNATURE 23b.		DEGREE OR TITLE 23c.	
Mailing Address—CERTIFIER 23d.		STREET OR R.F.D. NO. 264 No. Mo.		CITY OR TOWN STATE ZIP Potosi, Mo 63664	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a.		CEMETERY OR CREMATORY—NAME 24b.		LOCATION CITY OR TOWN STATE 24c.	
DATE 24d.		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e.			
FUNERAL DIRECTOR SIGNATURE 24f.		REGISTRAR'S SIGNATURE 24g.		DATE RECEIVED BY LOCAL REGISTRAR 24h.	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 1  
10a. 71  
10b. 4.0940  
11. 86  
12. 2  
13. 471X  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 *Lyle J. White*

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.