

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2120
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 1205
 (b) Township Atchison Primary Registration District No. 4123
 (c) City Lauer or Lauer (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lydge Singleton Evans

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George K. Evans
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1885
 7. AGE YEARS 54 MONTHS 2 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Samuel S. Singleton
 14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Jenniet Cremona
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Buchanan County

17. INFORMANT Miss Jewel Evans (ADDRESS) Lauer, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cemetery DATE Jan. 18, 1940

19. FUNERAL DIRECTOR (NAME) H. A. Bullins (ADDRESS) Lauer, Mo.

20. FILED 1-18 19 40 Mo. J. Estep Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Dec 23rd, 1939, to Jan 16th, 1940
 I last saw him alive on Jan 16th, 1940. Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary atherosclerosis
 Date of onset _____
 Other contributory causes of importance: Arterio-sclerosis 20 to 25 yrs age
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. C. Stunka, M. D.
880 (Address) Lauer, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

District File No. 240-13

Date Filed **FEB 2** 1940

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.....
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Gower, 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 this body is not embalmed, above space should be left blank.