

FILED MAY 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13543

Registration District No. 265

Primary Registration District No. 6295

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Squires, Rural Toledo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Squires, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Thomas Evans
3. (b) If veteran, No name war.....
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
year 1948 hour 3 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married/
divorced Married
6. (b) Name of husband or wife Belle Jone Evans
6. (c) Age of husband or wife if alive 68 years.
7. Birth date of deceased Nov. 14, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 25th, 1948, to March 31st, 1948.
that I last saw h.l.m. alive on March 31, 1948
and that death occurred on the date and hour stated above.
Duration

8. AGE: Years Months Days If less than one day
71 4 18 hr. min.

Immediate cause of death Heart failure
Due to acute liver & gall bladder disease
Due to.....

9. Birthplace Toledo, Missouri
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

MOTHER FATHER
11. Industry or business.....
12. Name Robert Evans
13. Birthplace Hammond, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Butrom
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause of which death should be charged statistically.

16. (a) Informant Demora H. Duckworth
(b) Address Squires, Missouri
17. (a) Burial (b) Date thereof 4-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
While at work?..... (Specify type of place)
23. Signature Dr. R. H. Hammond (M.D. or other) Dr.
Address Wa, Mo Date signed.....

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 4-22-48 (b) Mae Johnson
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *W B Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address. *Ada 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, fact should be so stated above.