

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY	
c. LENGTH OF STAY (in this place) 55 DAYS		d. STREET ADDRESS (If rural, give location) 209 1/2 N. CLARK STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION WABASH RAILROAD EMPLOYEES' HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MELVIN b. (Middle) LANCESTER c. (Last) EVANS			4. DATE OF DEATH (Month) (Day) (Year) JAN. 28 1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Oct 2nd 1874		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 3 Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONDUCTOR		10b. KIND OF BUSINESS OR INDUSTRY WABASH RAILROAD CO.		11. BIRTHPLACE (State or foreign country) MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME MELVILLE EVANS		13b. MOTHER'S MAIDEN NAME MISSOURI ANN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 703-01-1220		17. INFORMANT'S SIGNATURE OR NAME WEBSTER FRIVES, JR. ADDRESS M.L. EVANS, JR., 22 ST. CHAS. ST.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **DEC. 4, 1948**, to **JAN. 28, 1949**, that I last saw the deceased alive on **JANUARY 28 1949**, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Frives, Jr. M.D. (Degree or title)		23b. ADDRESS Wabash Hosp Moberly		23c. DATE SIGNED Jan 30 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-49		24c. NAME OF CEMETERY OR CREMATORY Oakland	
		24d. LOCATION (City, town, or county) (State) Moberly Mo			

DATE REC'D BY LOCAL REG. 1-30-49		REGISTRAR'S SIGNATURE Webster Frives, Jr.		FUNERAL DIRECTOR'S SIGNATURE Mahan and Son ADDRESS Moberly Mo	
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(Licensed Embalmer's Statement on Reverse Side)

 No. 300
10.48
808
600
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 5 1949

RECEIVED

District Health Officer No. 10

District File Number 2-49-246

Date Filed FEB 7 - 1949

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
Student Embalmer

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.