S. No. 300
v. 10.48

98

THE DIVISION OF HEALTH OF MISSOURI

FILED APR 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14532

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: SCHUYLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCHUYLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER, 98
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): C
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): APRIL 9 49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAR 9, 1884
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 1, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SCHUYLER Co, Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: ANDREW J. EVANS
13b. MOTHER'S MAIDEN NAME: MARY BURNS
14. NAME OF HUSBAND OR WIFE: IDA EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. GLENAYER LANCASTER, MO

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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 ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 7, 1949, *to* April 9, 1949, *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 2:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Vaughn F. D. O.
23b. ADDRESS: Lancaster, Mo
23c. DATE SIGNED: 4/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 10, 1949
24c. NAME OF CEMETERY OR CREMATORY: IOOF CEM
24d. LOCATION (City, town, or county) (State): LANCASTER, Mo

DATE REC'D BY LOCAL REG.: apr. 15-49
REGISTRAR'S SIGNATURE: Mrs. A. J. Drake, 253
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Everett R Head Lancaster, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1949

RECEIVED
District Health Officer No. 10
District File Number 4-49-69
Date Filed APR 19 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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster 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.