

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 26 1949

BIRTH NO. _____		REG. DIST. NO. <u>73</u>	PRIMARY REG. DIST. NO. <u>4133</u>	Registrar's No. <u>72</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>		
b. CITY OR TOWN <u>Kearney</u>		c. CITY OR TOWN <u>Kearney</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>LAON</u>		c. (Last) <u>EVANS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12<sup>th</sup> 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 16<sup>th</sup> 1862</u>	9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Liberty Clay Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Rice</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ELLEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dorothy Davis</u> ADDRESS <u>Winwood Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 wks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u>		<u>5 wks</u>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>at 7:11</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>Oct</u> , 1948, to <u>Oct 11</u> , 1949, that I last saw the deceased alive on <u>Oct 11</u> , 1949, and that death occurred at <u>13:22 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>James H. Shillougher M.D.</u>		23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>10-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Kearney Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct-13-1949</u>	REGISTRAR'S SIGNATURE <u>Ann H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u> ADDRESS <u>Kearney Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 24

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10 24 79

APR 28 1950

NOV 30 1949  
NOV 23 1949

DEC 14 1949

NOV 10 1949  
JAN 6 1950  
APR 17 1950  
APR 29 1950

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 Leonard Fry  
Licensed Embalmer No. 1677

P. O. Address Kearney

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.