

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1949

State File No. 42097

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly Mo.</u>	
c. LENGTH OF STAY (In this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>6 Windsor Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not a hospital or institution, give street address or location) <u>Wabash Employees Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 '49</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 23rd 1890</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Switchman Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tenn. U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY?			
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13a. FATHER'S NAME <u>John Evans</u>		13b. MOTHER'S MAIDEN NAME <u>No data</u>		14. NAME OF HUSBAND OR WIFE <u>Mal</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>702-05-8142</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Evans</u>				ADDRESS <u>Moberly Mo</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>						years. <u>1/201</u>	
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Nov 1, 1949, to Dec 11, 1949, that I last saw the deceased alive on Dec 11, 1949, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry K Baker M.D.</u>		23b. ADDRESS <u>WABASH EMPLOYEES HOSP.</u>		23c. DATE SIGNED <u>Dec 12 '49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 14-49</u>		REGISTRAR'S SIGNATURE <u>Leah Wellman Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>		ADDRESS <u>Moberly Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 15 1950

MAY 2 1952

DEC 21 1949

RECEIVED DEC 19 1949
District Health Officer No.
District File Number 12-49-2
Date Filed DEC 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 Frank S DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.