.S. No. 300
EV. 10.48

FILED MAR 17 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11673

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6185 Registrar's No. 4

1050

**1. PLACE OF DEATH**
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Union Twp.
c. LENGTH OF STAY (in this place): 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-12 mi. S. E. Green City

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Union Twp. 1050
d. STREET ADDRESS (If rural, give location): 12 mi. S.E. Green City

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Aubrey
c. (Last): Evans

**4. DATE OF DEATH** (Month) (Day) (Year): March 2, 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Mar. 11, 1893
**9. AGE** (In years last birthday): 56 — IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours ---- Min. ----
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: General Farming
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: William Evans
**13b. MOTHER'S MAIDEN NAME**: Dora Richmond
**14. NAME OF HUSBAND OR WIFE**: Blanche Evans
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Marvin Evans, Loeffler, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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) Natural causes — 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) Unspecified heart disease
DUE TO (c) Alcoholism — 3 22 2F

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Traumatic would left temple of head - from metal dorr catch

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): bedroom of home
**21c.** (CITY, TOWN, OR TOWNSHIP) Union township (COUNTY) Sullivan (STATE) Missouri
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): March 2,1950 11:45PM
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Hit head against door catch while ~~intoxicated~~

22. *I hereby certify that I attended the deceased from* about *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:45PM *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph E Prior D.O. Coroner
**23b. ADDRESS**: Milan, Missouri
**23c. DATE SIGNED**: 3-3-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar. 5, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Fairview Cemetery
**24d. LOCATION** (City, town, or county) (State): Sullivan Co., Missouri

DATE REC'D BY LOCAL REG.: Mar. 10-1950
REGISTRAR'S SIGNATURE: Laura Ballett 415 0
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Glenn E. Kent & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 15
District Health Officer No. 1
District File Number 3-50-457
Date Filed MAR 15 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Grand Lake, 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.