

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11869

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5067 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Central Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Central Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home for Aged		d. STREET ADDRESS 1 (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Phillip	b. (Middle) F.	c. (Last) Evans	4. DATE OF DEATH (Month) (Day) (Year) April 19 1950
---	----------------	-----------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 6, 1859	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
-------------	------------------------	--	-----------------------------------	------------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Canton, Illinois /	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	--	------------------------------------

13a. FATHER'S NAME John Evans	13b. MOTHER'S MAIDEN NAME Martha Horton	14. NAME OF HUSBAND OR WIFE Unknown
-------------------------------	---	-------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Finley, Lockwood, Missouri	ADDRESS
---	------------------------------	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart failure		INTERVAL BETWEEN ONSET AND DEATH  7824
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) old age		
	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 Feb 1, 1950, to April 19, 1950, that I last saw the deceased alive on April 15, 1950, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE E. Guedner M.D.	(Degree or title)	23b. ADDRESS Lamar Mo	23c. DATE SIGNED 4 21 50
--------------------------------	-------------------	-----------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 22, '50	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Golden City, Missouri
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. APR 21 1950	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Clarence & Ethel Fennel	ADDRESS
--------------------------------------	-------------------------------------	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

00605

*Embalmer*

RECEIVED APR 24 1950  
District Health Office No. 6,  
District File Number 450-482  
Date Filed 4-27-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Clarence Chile

Signed.....  
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lomas, Md

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.