

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 12 1950 STANDARD CERTIFICATE OF DEATH

12394
 State File No.

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	c. LENGTH OF STAY (in this place) <u>55 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> <u>0272</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>741 Main St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Robert</u>	a. (First)	b. (Middle) <u>L</u>	c. (Last) <u>Evans</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1950</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>October 13th 1865</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M.D.</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Willis J. Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Vanhorn</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Simmons Evans.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. L. Evans, Boonville, Missouri.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	DUE TO (b) <u>Cardiac decompensation and Cerebral thrombosis</u>	<u>2 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <u>Arteriosclerotic Cardiovascular disease unknown</u>		<u>2 months</u> <u>2 weeks</u>

19a. DATE OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from April 20, 1950, to April 27, 1950, that I last saw the deceased alive on April 27, 1950, and that death occurred at 7:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Stuleman M.D.</u>	23b. ADDRESS <u>329 Main Boonville, Mo.</u>	23c. DATE SIGNED <u>4-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 30th 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>May 30-50</u>	REGISTRAR'S SIGNATURE <u>D. Cooper</u> <u>381</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Missouri.</u>
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(Licensed Embalmer's Statement on Reverse Side)

0272

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

RECEIVED MAY 8
District Health Officer No. 8,

District File Number _____
Date Filed 5/9/50

AUG 15 1951

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 Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Boonville, 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.