No. 300
10-48

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

0042
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FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22666

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MEXICO GENERAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO 0042 0
d. STREET ADDRESS (If rural, give location): 1006 S. West ST.

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): —
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): July 28 - 50

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED!
8. DATE OF BIRTH: JAN 17 - 1892
9. AGE (In years last birthday): 58
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): SALES MAN
10b. KIND OF BUSINESS OR INDUSTRY: BEVERAGE
11. BIRTHPLACE (State or foreign country): Boone Co, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: Thomas EVANS
13b. MOTHER'S MAIDEN NAME: Isabelle
14. NAME OF HUSBAND OR WIFE: Mrs. Roy 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.: 43-0262393
17. INFORMANT'S SIGNATURE OR NAME: Mrs Roy Evans
ADDRESS: Mexico Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of cerebellar area of brain. — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Epidermoid Carcinoma of the mouth — 144X — 2 years

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1949, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 9:20 A m., from the causes and on the date stated above.

23a. SIGNATURE: R. L. Swan (Degree or title) D.O.
23b. ADDRESS: Mexico Mo
23c. DATE SIGNED: 7-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-30-50
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD
24d. LOCATION (City, town, or county) (State): MEXICO, MO

DATE REC'D BY LOCAL REG.: July 30-1950
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Chas Arnold Jr.
ADDRESS: Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 7 1950
District Health Officer No. 1
District File Number 8-50-1266
Date Filed AUG 8 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Charles V. Greening

Signed .....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.