

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2108

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4410 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs. plus</u>		d. STREET ADDRESS (If rural, give location) <u>Residence - St. James, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence - St. James</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence - St. James, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>B.</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 5 - 51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 4, 1946</u>
9. AGE (In years last birthday) <u>4 yrs.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Waynesville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Evans</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Evans</u> ADDRESS <u>St. James, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis (toxic)</u> ANTECEDENT CAUSES <u>measles</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Otitis media</u> 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) (m.)	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 <u>Dec 15, 1950</u> to <u>1-5-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>51</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. Tucker, M.D.</u>		23b. ADDRESS <u>St James, Mo</u>	23c. DATE SIGNED <u>1-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>meadow cem</u>	24d. LOCATION (City, town, or county) (State) <u>St James Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 18, 51</u>	REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Licklider</u>	ADDRESS <u>St James, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

810

RECEIVED

Date:

1/20/51

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

JAKE NELSON

working under my personal supervision.

Student Embalmer No. 386

Signed *Jake Nelson*  
Student Embalmer

Signed *Oral E. Seikaly*

Licensed Embalmer No. 3546

P. O. Address *St James 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.