

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3831

State File No.

BIRTH NO. 6481-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>Duchonan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>Calderwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton MO</u> <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHELLE</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 19 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>2-18-51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. OR</u>		13a. FATHER'S NAME <u>Owen J. Evans</u>	
13b. MOTHER'S MAIDEN NAME <u>Christine F. Carter</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Owen J. Evans - Hamilton, Mo.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 57 min</u> ANTECEDENT CAUSES DUE TO (b) <u>Protracted labor</u> DUE TO (c) <u>Maternal Causes</u> 7610 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 <u>2-18, 1951</u> , to <u>2-19, 1951</u> , that I last saw the deceased alive on <u>2-19, 1951</u> , and that death occurred at <u>9:57 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. A. Goss</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>2008 King Hill St. Joseph</u>	
23c. DATE SIGNED <u>2-19-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>2-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Hamilton MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamer Funeral Home St. Joseph, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casler</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

01170

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not embalmed} was ~~embalmed~~ by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Charles M. Gasman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St Joseph

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.