

FILED MAY 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15466

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 121

1. PLACE OF DEATH
 a. COUNTY **Adair**
 b. CITY (If outside corporate limits, write RURAL and give town) **Kirksville**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Grim-Smith**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Adair**
 c. CITY (If outside corporate limits, write RURAL and give township) **Gibbs-Rural- Wilson**
 d. STREET ADDRESS (If rural, give location) **1 mi south Gibbs**

3. NAME OF DECEASED
 a. (First) **Evan** b. (Middle) _____ c. (Last) **Llewellyn**
 4. DATE OF DEATH (Month) (Day) (Year) **May 5 1951**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Nov. 23 1871** 9. AGE (In years last birthday) **79** 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) **farmer** 10b. KIND OF BUSINESS OR INDUSTRY **farming** 11. BIRTHPLACE (State or foreign country) **Macon County Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Joseph Llewellyn** 13b. MOTHER'S MAIDEN NAME **Sarah Snead** 14. NAME OF HUSBAND OR WIFE **Margaret Smith**

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. _____ 17. INFORMANT'S SIGNATURE OR NAME **Wm. Llewellyn** ADDRESS **Hurdland 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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Injury, Multiple, extreme** INTERVAL BETWEEN ONSET AND DEATH **2-3 hrs.**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Bad heart** **4.8 years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 19c. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **country road** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **1 mi. south of Gibbs Adair Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **May 5, 1951 3 P.M.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Collision 2 automobiles**

22. I hereby certify that I attended the deceased from **May 5, 1951**, to **May 5, 1951**, that I last saw the deceased alive on **May 5, 1951**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **E. R. Hudson** (Degree or title) **M.D.** 23b. ADDRESS **Kirksville, Mo.** 23c. DATE SIGNED **5-9-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **5/10 1951** 24c. NAME OF CEMETERY OR CREMATORY **Novinger Cemetery** 24d. LOCATION (City, town, or county) (State) **Novinger Missouri**

DATE REC'D BY LOCAL REG. **5-9-51** REGISTRAR'S SIGNATURE **Kate Lambert** 25. FUNERAL DIRECTOR'S SIGNATURE **Sam Stanley** ADDRESS **Hurdland Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

701-3
0

Date Received: **MAY 14 1951**
DISTRICT HEALTH OFFICE #2
District File Number *3-51-911*
Date Filed: **MAY 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Geo. H. Hester, Jr.

Signed.....

Student Embalmer

Licensed Embalmer No.....

3755

P. O. Address.....

Hurdland M.

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.