

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16248

State File No.
Registrar's No. 458

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466

2390
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WRITE PLAINLY—USING UNFADING-BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Greene		a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural, Springfield, S. Campbell Twp	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural, Springfield, S. Campbell Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield R.F.D. # 9		d. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 9	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) OLLIE	c. (Last) EVANS	4. DATE OF DEATH (Month) (Day) (Year) May 20, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 24 April 1879	9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	11. BIRTHPLACE (State or foreign country) Greene County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Contracting	11. BIRTHPLACE (State or foreign country) Greene County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Evans	13b. MOTHER'S MAIDEN NAME Emma West	14. NAME OF HUSBAND OR WIFE Lula M. Evans
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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) no	16. SOCIAL SECURITY NO. 491-03-8397	17. INFORMANT'S SIGNATURE OR NAME George W. Evans, Springfield, Missouri	ADDRESS
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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 approx 3-4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Vascular Accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aur. fibrillation		
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"/>
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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) 331X
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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 July 1950, to May 1951, that I last saw the deceased alive on 19 May, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

22a. SIGNATURE Henry F. Knapp, Jr.	(Degree or title) MD	23b. ADDRESS 1630 N. Jefferson, Spfld. Mo.	23c. DATE SIGNED 21 May 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 23 May 1951	24c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri.
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DATE REC'D BY LOCAL REG. 5-23-51	REGISTRAR'S SIGNATURE W E Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Thorne	ADDRESS Springfield, Mo.
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Fred C. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 2899

P. O. Address. Springfield, Missouri

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.