

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7134

State File No.

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4548 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1130 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hugh</u>	b. (Middle) <u>Roy</u>	c. (Last) <u>Evans</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 4 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1 22 1901</u>	9. AGE (In years last birthday) <u>50</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>12</u> Hours <u></u> MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming for self</u>	11. BIRTHPLACE (State or foreign country) <u>Fayette County, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Fitzgerald</u>	14. NAME OF HUSBAND OR WIFE <u>Frankie May Evans</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>Army of Occupation 1945-1946</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frankie May Evans</u>	ADDRESS <u>Worth, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	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.		

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)
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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?
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22. I hereby certify that I attended the deceased from 2-4, 1952, to 2-4, 1952, that I last saw the deceased alive on 2-4, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Melleman DO</u>	23b. ADDRESS <u>Country Res</u>	23c. DATE SIGNED <u>2-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2 7 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Denver, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 16 1952</u>	REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>	345-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Brumley</u>	ADDRESS <u>Grand City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1130 /

SEP 16 1954

SEP 16 1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arch C. Dungee

Licensed Embalmer No.

3252

P. O. Address

Front City, 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.