

FILED APR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7297

BIRTH NO.		REG. DIST. NO. 27	PRIMARY REG. DIST. NO. 1005	Registrar's No. 33
1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, write RURAL and give township) Buther		c. CITY (If outside corporate limits, write RURAL and give township) Adrian, 0070		
c. LENGTH OF STAY (in this place) 27 days		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Buther Memorial Hosp.				
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) M.		c. (Last) Evans
4. DATE OF DEATH (Month) (Day) (Year) 3-22-1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 7, 1872	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 79 6 15
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) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Plasant Evans		13b. MOTHER'S MAIDEN NAME Mary Hunstman		14. NAME OF HUSBAND OR WIFE Single
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. 11014		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Archie Evans K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Gaugrene - left leg ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 4501		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)		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 Feb. 21, 1952, to Mar. 22, 1952 , that I last saw the deceased alive on Mar. 22, 1952 , and that death occurred at 8 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE E. E. Robinson		23b. ADDRESS M.D. Adrian Mo.		23c. DATE SIGNED 3-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Bates, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Randall Kersy, 17 Cuba - Underwood Bates, Mo.		
DATE REC'D BY LOCAL REG. March 25 1952		REGISTRAR'S SIGNATURE		

(Licensed Embalmer's Statement on Reverse Side)

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

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.