

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21362**

BIRTH NO. _____ REG. DIST. NO. **258** PRIMARY REG. DIST. NO. **588** Registrar's No. **6**

760
1

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

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meta		c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meta R.D.		0760
d. FULL NAME OF HOSPITAL OR INSTITUTION Meta R.F.D.			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Conrad c. (Last) Evers			4. DATE OF DEATH (Month) (Day) (Year) 7-2-1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) widowed	8. DATE OF BIRTH Sept. 28, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 9 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) Westphalia Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME George Evers		13b. MOTHER'S MAIDEN NAME Mary Wihlehm		14. NAME OF HUSBAND OR WIFE Anna Gannon Evers dec.	
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. 492-12-7697	17. INFORMANT'S SIGNATURE OR NAME Francis Evers		ADDRESS Meta Mo R.D.
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) Coronary Thrombosis 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.			INTERVAL BETWEEN ONSET AND DEATH Just 4 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) m.		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 June 1949 , to July 2, 1952 that I last saw the deceased alive on July 2, 1952 and that death occurred at 3 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE W.H. Moore Do.		(Degree or title)	23b. ADDRESS Argyle, Mo.		23c. DATE SIGNED 7-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/7/52	24c. NAME OF CEMETERY OR CREMATORY Meta Catholic cemetery.		24d. LOCATION (City, town, or county) (State) Meta Mo	
DATE REC'D BY LOCAL REG. 7-7-52	REGISTRAR'S SIGNATURE Rose Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Norton	ADDRESS Linn Mo	

2561-8 1 702
1-8-1952

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.

Signed Vernon Morton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lin, 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.