

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31383

State File No. _____

No. 300
10-48

402

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

SEP 24 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3021 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linton</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u> <u>0400</u>	
		d. STREET ADDRESS (If rural, give location) <u>Liberty Sup.</u>	
3. NAME OF DECEASED (Type or Print) <u>EDWARD MILLER EVANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 26 1952</u>	
9. AGE (In years) (If under 1 year: Months) (If under 24 hrs.: Days) (Hours) (Min.) <u>75</u>		11. BIRTH PLACE (State or foreign country) <u>Galt Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTH PLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leander Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Henderson</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie Evans</u>		ADDRESS <u>Galt Mo.</u>	
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) <u>Cardio-Vascular. Heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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"/>		<u>442X</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased <u>from 27 of Aug</u> , 19 <u>52</u> , to <u>Sept 10th</u> , 19 <u>52</u> , that I last saw the deceased alive <u>at 10:00</u> , 19 <u>52</u> , and that death occurred at <u>7:45 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Cliver F. Duffey M.D.</u>		23b. ADDRESS <u>Linton Mo</u>	
23c. DATE SIGNED <u>Sept 11-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-12-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Galt Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Galt Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/12/52</u>		REGISTRAR'S SIGNATURE <u>June 1150</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>PK Payne</u>		ADDRESS <u>Ham Galt Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

R. K. Payne Jr

Licensed Embalmer No. *3400*

P. O. Address *Galt 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.