

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24502

State File No. _____

FILED AUG 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Grundy</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Grundy</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		d. STREET ADDRESS (If rural, give location) <u>401 LINN</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)	
a. (First) <u>DWAYNE</u>	b. (Middle) <u>LA MONT</u>	c. (Last) <u>EVANS.</u>	Month <u>July</u>	Day <u>2</u>	Year <u>1953</u>	Months <u>49</u>	Days <u>49</u>
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>Dec 3 1903</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>49</u>	IF UNDER 24 HRS. Hours <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Glenwood Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herbert EVANS</u>		13b. MOTHER'S MAIDEN NAME <u>Nell Stroud</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET EVANS.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>480-18-5818</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARGARET EVANS - Trenton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Hemorrhage</u>				<u>3 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				—	
		DUE TO (c) <u>Arterial Hypertension</u>				—	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia left</u>				<u>3 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6-7-1953</u> , to <u>7-2-1953</u> that I last saw the deceased alive on <u>7-1-1953</u> and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mrs. Susan W. Davis</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>7-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glenwood Iowa.</u>		
DATE REC'D BY LOCAL REG. <u>July 4, 1953</u>		REGISTRAR'S SIGNATURE <u>Irene Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmore</u>		ADDRESS <u>Trenton, Mo.</u>	

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

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AUG 4 1953

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 Jordan Blackman
Licensed Embalmer No. 4602

P. O. Address Jrenton, 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.