

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25616

State File No.

FILED AUG 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5741 Registrar's No. 86

0610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Russell Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Russell Twp.</u>		0610
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I mile N.W. of New Cambria</u>			d. STREET ADDRESS (If rural, give location) <u>I mile N.W. of New Cambria</u>		
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>J.</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH <u>July 20, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 28, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>10</u> Hours <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm owner-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lingo Twp., Macon Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Thomas O. Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Young</u>	14. NAME OF HUSBAND OR WIFE <u>Never married.</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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Evans, New Cambria, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		4221
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>June 13, 1952</u> , to <u>July 20, 1953</u> , that I last saw the deceased alive on <u>July 20, 1953</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. A. Cindless D.O.</u>			23b. ADDRESS <u>Bushlin, Mo.</u>		23c. DATE SIGNED <u>7-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria</u>	24d. LOCATION (City, town, or county) (State) <u>New Cambria, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/21/53</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Hilliard</u> ADDRESS <u>New Cambria, Mo.</u>		

AUG 11 1953

RECEIVED 7-29-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 7-53-142
Date Filed 7-31-53

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 *H. J. Gilleland*

Licensed Embalmer No. 4219

P. O. Address *New Cambria 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.