

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8374

State File No.

FILED APR 6 1954 G. DIST. NO. 134 PRIMARY REG. DIST. NO. 4202 Registrar's No. 4

BIRTH NO.

410

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY HARRISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blythdale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blythdale 0410	
c. LENGTH OF STAY (in this place) 16 yrs		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Mrs Marjorie Harold			
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) WARREN c. (Last) EVANS			4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 14, 1864
9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) SUMNER, ILL 1	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME WILLIAM HENRY EVANS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ALICE FARVOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME MRS MARJORIE HAROLD ADDRESS Blythdale, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 7-8 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nephritis			30 Days
DUE TO (c) prostatitis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlargement of liver, path. undetermined			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 611X		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Francis S. Rowland (Degree or title)		23b. ADDRESS Engleville, Mo	23c. DATE SIGNED 3/27/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MARCH 28, 1954	24c. NAME OF CEMETERY OR CREMATORY High Hill Cemetery	24d. LOCATION (City, town, or county) (State) Blythdale, Mo
DATE REC'D BY LOCAL REG April 1-1954	REGISTRAR'S SIGNATURE S. Ph. Shaw, Coinville	25. FUNERAL DIRECTOR'S SIGNATURE Israel W. Rogers ADDRESS Engleville, Mo	

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 Gerald W. Buggess

Licensed Embalmer No. 4762

P. O. Address Eaglewood, 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.