

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11057**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 82

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Adair</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1215 N. Green</u>		d. STREET ADDRESS (If rural, give location) <u>1215 N. Green St.,</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Clifton</u>	b. (Middle) <u>Clare</u>	c. (Last) <u>Evans</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 9, 1954</u>		
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>April 23, 1879</u>	<b>9. AGE</b> (In years last birthday) <u>74</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired teacher</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>School Teacher</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Trenton, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
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<b>13a. FATHER'S NAME</b> <u>Clifton A. Evans</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Susan Laffoon</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Minnie Belle Purdin</u>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>X</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Minnie Belle Evans, Kirksville, Mo.</u>			
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of st. lung</u>						<u>4 mo</u>
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<b>DUE TO (b)</b> <u>Hypertensive cardio vascular disease</u>					<u>Yes</u>
	<b>DUE TO (c)</b> <u>Chr. nephrosis</u>					<u>Yes</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)			<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Mar 12, 1954, to Apr 9, 1954, that I last saw the deceased alive on Apr 8, 1954, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Clifton A. Evans</u>		<b>23b. ADDRESS</b> <u>Kirksville, Mo.</u>		<b>23c. DATE SIGNED</b> <u>4/10/54</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>4/12/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Maple Hills</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kirksville, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-12-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Kate Lambert</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Paul M. Cole</u>		<b>ADDRESS</b> <u>Kirksville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *George W. Dano*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4799*

P. O. Address *Kirksville, Md*

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.