

FILED MAR 15 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 5911

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b> 6			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WASHINGTON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b>		c. LENGTH OF STAY (In this place) <b>1 DAY</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL CONCORD #100,</b>		d. STREET ADDRESS (If rural, give location) <b>MINERAL POINT R.F.D. No 1</b>
3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>ARTHUR</b> c. (Last) <b>EVENS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 4 1955</b>		
5. SEX <b>MALE</b> 0	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 24, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILLMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LEAD MINING</b>	11. BIRTHPLACE (State or foreign country) <b>IRONDALE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>ROBERT H. EVENS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY A. JAMISON</b>		14. NAME OF HUSBAND OR WIFE <b>OLLIE LEE EVENS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>493-05-0109</b>	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <b>LOUISE EVANS MINERAL POINT RFD No 1</b>		
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) <b>Ant coronary infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ca. testicle</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>42014</b>			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) 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 <b>3-4</b> , 1955, to <b>3-4</b> , 1955, that I last saw the deceased alive on <b>3-4</b> , 1955, and that death occurred at <b>7:30</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>NO Gailor M DO</b> (Degree or title)			23b. ADDRESS <b>Deerlag Mo</b>		23c. DATE SIGNED <b>3-5-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/7/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HOPEWELL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>WASHINGTON COUNTY, MO</b>
DATE REC'D BY LOCAL REG. <b>MAR 15, 1955</b>		REGISTRAR'S SIGNATURE <b>289-09 Esther Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BERT L. BOYER LEADWOOD MO</b>	

(Licensed Embroider's Statement on Reverse Side)

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

**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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood Missouri

**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.