

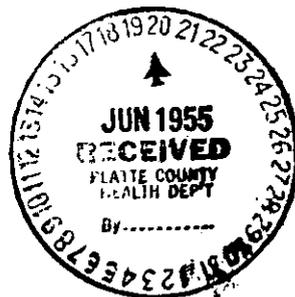
FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19664

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

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6-966</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>mo</u> b. COUNTY <u>Platte</u>				
b. CITY OR TOWN <u>Parkville-Kennett</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Parkville</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>rural</u>				
3. NAME OF DECEASED a. (First) <u>Darrell</u> b. (Middle) <u>Clyde</u> c. (Last) <u>Evans Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13-1955</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>June 20 1953</u>		
9. AGE (in years last birthday) <u>1</u>		10. MONTHS <u>11</u>		11. DAYS <u>23</u>		12. HOURS <u>23</u> MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Creek, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Darrell Clyde Evans</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Darrell Clyde Evans, Parkville, 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>Suffocation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Drowning, accidental</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9299</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 minutes</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Brick factory, mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Parkville 884</u> (COUNTY) <u>Platte</u> (STATE) <u>mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 13 55 9:40</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Child fell in cistern.</u>				
22. I hereby certify that I attended the deceased from <u>June 13, 1955</u> , to <u>June 13, 1955</u> , that I last saw the deceased alive <u>not seen alive</u> , and that death occurred at <u>9:40</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>F. C. Shurman</u> (Degree or title) _____			23b. ADDRESS <u>M.O. 1112 1/2, Parkville, Mo</u>			23c. DATE SIGNED <u>6-13-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>don't know name</u>		24d. LOCATION (City, town, or county) (State) <u>Camdenton Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 13-55</u>		REGISTRAR'S SIGNATURE <u>Opheia Ballina</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Woolley Funeral Home</u> ADDRESS <u>Camdenton Mo</u>			



**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, ~~son by~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leland H Francis*.....

Licensed Embalmer No. *343*

P. O. Address *Parkville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.