

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Rural St. James</u>		c. CITY OR TOWN <u>01801</u>	
c. LENGTH OF STAY (In this place) <u>1 yr</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 HOSPITAL OR INSTITUTION _____			
e. STREET ADDRESS (If rural, give location) <u>Near Betram, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILL</u>	b. (Middle) _____	c. (Last) <u>EVANS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan 1 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 28 HRS. Mths. <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or foreign country) <u>Small County Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S., a.</u>
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13a. FATHER'S NAME <u>Dudley Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Branton</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John A. Evans</u>	ADDRESS <u>Kilbourn Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fall on Head</u>	DUE TO (b) <u>Sinuity &amp; Arterio Sclerosis</u>		<u>1 day</u>
ANTECEDENT CAUSES	DUE TO (c) <u>Probably Cerebral Hemorrhage</u>		<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	<u>9030</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>20</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN) OR TOWNSHIP <u>St James Imp Miss</u> (COUNTY) <u>Mo</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 26 1956 8a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>His son was dressing him when he fell</u>
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22. I hereby certify that I attended the deceased from Feb 26 1956, to Feb 26 1956, that I last saw the deceased alive on Feb 26 1956, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>A J Martin MD</u> (Degree or title)	23b. ADDRESS <u>Co Prairie Mo</u>	23c. DATE SIGNED <u>2-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hartsville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-13-56</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wool C. Deane</u>	ADDRESS <u>Camden Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
Miss. Co. Health D  
County File No. MAR  
Date Filed MAR 15

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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.....  
Signature of Student Embalmer

Signed *Moel C. Dean*.....

Licensed Embalmer No. *39*.....

P. O. Address *Caruth*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.