

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State No. **26637**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5461 Registrar's No. 806-A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WASHINGTON</u>		c. CITY OR TOWN <u>ROGERSVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 YR</u>		e. STREET ADDRESS (If rural, give location) <u>RT # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT # 2 ROGERSVILLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>T</u> c. (Last) <u>EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 4, 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT. 15, 1893</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Days _____ IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GREENE Co. MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>AMBROSE EVANS</u>		13b. MOTHER'S MAIDEN NAME <u>TENNIE YORK</u>		14. NAME OF HUSBAND OR WIFE <u>NELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARTHUR EVANS JR. RT # 2 ROGERSVILLE MO</u>	

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>Probable Coronary Occlusion</u>		DUPLICATE OF (a) <u>Probable Coronary Occlusion</u>		<u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUPLICATE OF (c) _____		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			

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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Williamson</u> (Degree or title) <u>Local Registrar of Vital Statistics</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>9-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLLAND CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>GREENE Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.C. Ferrell Rogersville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-11-56</u>		REGISTRAR'S SIGNATURE <u>Walter Williamson</u>			

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

1956 OCT 4

1957 5 8

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.....
JM K Ferrell

Licensed Embalmer No. 4910

P. O. Address *Rayville, La*

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.