

FILED NOV 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37499**

|  |  |  |   |  |   |   |  |  |
|--|--|--|---|--|---|---|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>99</u>   |   | PRIMARY REG. DIST. NO. <u>4172</u>   |   | Registrar's No. <u>58</u>   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dekalb</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dekalb</u> |   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>  |  | c. LENGTH OF STAY (in this place) <u>30 yrs.</u>   |   | c. CITY OR TOWN <u>Stewartsville</u>   |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  |  |   | e. STREET ADDRESS (If rural, give location) <u>0020</u>  |   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Joshua</u> b. (Middle) <u>-----</u> c. (Last) <u>Evans</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>11/15/56</u> |  |   |   |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |   | 8. DATE OF BIRTH <u>8/18/1875</u>   |  |  |
| 9. AGE (In years last birthday) <u>81</u>  |  | IF UNDER 1 YEAR Months _____ Days _____  |   | IF UNDER 24 HRS. Hours _____ Min. _____  |   |   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____               |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Merthyn tydvil, So. Wales</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                            |  |
| 13a. FATHER'S NAME <u>Richard Evans</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Joana Williams</u>       |  |   | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Mayme Evans</u>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>  |  |  | 16. SOCIAL SECURITY NO. <u>818-10-5942</u>            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mayme Evans, Stewartsville</u>    |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | <p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial insufficiency</u></p> <p>ANTECEDENT CAUSES<br/>As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br/>DUE TO (b) <u>Cerebral Hemorrhage</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS<br/>Conditions contributing to the death but not related to the disease or condition causing death.</p> |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 days</u><br><u>5 days</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) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331x</u>  |   |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____   |  | 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 <u>11/11</u> , 19 <u>56</u> , to <u>11/15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/15</u> , 19 <u>56</u> , and that death occurred at <u>11:50P</u> m., from the causes and on the date stated above. |  |  |   |  |   |   |  |  |
| 23a. SIGNATURE <u>E. J. Davis, D.O.</u> (Degree or title)  |  |  |   | 23b. ADDRESS <u>Stewartsville, Mo.</u>   |   | 23c. DATE SIGNED <u>11/16/56</u>  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>11.18.56</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Stewartsville, Mo.</u>   |  |  |
| DATE REC'D BY LOCAL REG. <u>11-16-56</u>   |  | REGISTRAR'S SIGNATURE <u>Roscoe Harrison</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Hummer, Stewartsville, Mo.</u>  |   |   |  |  |

(Licensed Embalmer'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.....  
Signature of Student Embalmer

Signed *W.E. Deumerfeld*.....

Licensed Embalmer No. *3007*.....

P. O. Address *Stewartsville*.....

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.