

Health, Welfare and Public Service

000-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 8 1957

STANDARD CERTIFICATE OF DEATH

157 021996
STATE FILE NUMBER
3048 Registrar's No. 139

Registration District No. 251 Primary Registration District No. 3048

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Centre			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stanberry		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital 10 days				Length of stay in 1b 10 days		STREET ADDRESS S.E. 1 Mile	
3. NAME OF DECEASED (Type or print) Mr. Crate Evans				4. DATE OF DEATH Month June Day 27 Year 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 21, 1869		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Denver Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Zachariah Evans				14. MOTHER'S MAIDEN NAME Tobiatha Parman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mr. Emmett Evans, Stanberry, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease DUE TO (b) arteriosclerosis DUE TO (c) unknown						INTERVAL BETWEEN ONSET AND DEATH Years 0 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Terminal uremia						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 5 Month 6 Day 27 Year 1957 a. m. 30 p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Stanberry Mo.			COUNTY Centre
21. I attended the deceased from 6-17-57 to 6-27-57 and last saw her alive on 6-25-57 Death occurred at 5:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Arthur L. Carter MD.				22b. ADDRESS Stanberry Mo		22c. DATE SIGNED 6-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/28/57	23c. NAME OF CEMETERY Wilson		23d. LOCATION (City, town, or county) (State) N. of Albany Mo. 12 miles		
24. FUNERAL DIRECTOR Phillips Mortuary				25. DATE RECD. BY LOCAL REG. 7-6-57		26. REGISTRAR'S SIGNATURE Bess Bolt	

(Licensed Embalmer's Statement on Reverse Side)

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 *Henry J. Phillips*
Licensed Embalmer No. 18

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.