

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1932

STATE FILE NUMBER

FILED FEB 10 1958

Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CATHERINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. CATHERINE 0580		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle GOODRICH Last EVANS				4. DATE OF DEATH Month FEB Day 4 Year 1958				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT. 5, 1875		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER, RET			10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and state or country) LINN Co., Mo.		12. CITIZEN OF WHAT COUNTRY? US.	
13. FATHER'S NAME EDWARD EVANS				14. MOTHER'S MAIDEN NAME SALLY HINES				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. DORA EVANS, ST. CATHERINE, 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) Hemorrhage from rectum.							INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Adenocarcinoma of descending and sigmoid colon.					3 months	
		DUE TO (c) Adenocarcinoma of prostate gland.					2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Widely disseminated metastasis. (Inoperable carcinoma.)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 Month, Day, Year a. m. 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		COUNTY		STATE
21. I attended the deceased from Jan. 1958 to Feb. 4, 1958 and last saw her alive on Feb. 3, 1958 Death occurred at 10:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. L. Reynolds D.O.				22b. ADDRESS Brookfield, Missouri		22c. DATE SIGNED Feb. 5, 58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY LINHART CEM.		23d. LOCATION (City, town, or county) (State) ST. CATHERINE, Mo			
24. FUNERAL DIRECTOR ADDRESS WRIGHT FUNERAL HOME, BROOKFIELD, Mo			25. DATE RECD. BY LOCAL REG. 2-5-58		26. REGISTRAR'S SIGNATURE Katharine Johnson			

(Licensed Embalmer's Statement on Reverse Side)

Director, coroner, etc. must use only these diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Harold B. Wright*

Licensed Embalmer No. *37*

P. O. Address *Brookfield*

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.