

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019666  
State File No. ....

FILED MAY 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **5121**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> )		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>DONIPHAN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHN'S HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>J</b> c. (Last) <b>EVANS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 12 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 2 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WAREHOUSE MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PUTER ST. WAREHOUSE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>		13a. FATHER'S NAME <b>THOMAS EVANS</b>	
13b. MOTHER'S MAIDEN NAME <b>SUSAN SHERIDAN</b>		14. NAME OF HUSBAND OR WIFE <b>EVA EVANS</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>EVA EVANS</b>	ADDRESS <b>ROUTE 1 DONIPHAN MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Rt. lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-6 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>163x</b>		
11. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **MARCH 19 58**, to **5/4**, 19**58**, that I last saw the deceased alive on **5/4**, 19**58**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph L. Lucido M.D.</b>	(Degree or title)	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>5/13/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>MAY 16 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT OLIVE CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO, MO</b>
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DATE REC'D BY LOCAL REG. <b>MAY 15 58</b>	REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas R. Kates</b>	ADDRESS <b>2906 Gravois</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

(True Only.)  
4/30/28 5 PM.

**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.....  
*Leif Budd*

Licensed Embalmer No. 398  
P. O. Address.....  
*St. Louis, Mo.*

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.