. Health,
& Welfare
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041525
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11234

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 04 BARNES HOSPITAL — Length of stay in Ib: 24

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2819 Missouri — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: WILLIAM — Middle: ERVIN — Last: EVANS

4. DATE OF DEATH Month, Day, Year: NOVEMBER 21, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: April 2,1892

9. AGE (In years last birthday): 66 — 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): MaintainenceMan

10b. KIND OF BUSINESS OR INDUSTRY: Arcade Bldg.

11. BIRTHPLACE (City and state or country): Evening Shade,Ark.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Caleb Evans

13b. MOTHER'S MAIDEN NAME: Mary Meeker

14. NAME OF HUSBAND OR WIFE: Eva Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 429-14-2332

17. INFORMANT: Eva Evans — Address: 2819 Missouri Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		Interval between onset and death
IMMEDIATE CAUSE (a)	UREMIA	1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	KIMMELSTIEL-WILSON'S DISEASE, SUSPECTED	1 YEAR
DUE TO (c)	DIABETES MELLITUS 260X	20 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 OCTOBER 16, 1958, to NOVEMBER 21, 1958, and last saw her/him alive on NOVEMBER 21, 1958. Death occurred at 12:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. R. Vermillion, M.D. M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 11/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 11-21-58

23c. NAME OF CEMETERY OR CREMATORY: Clover Bend

23d. LOCATION (City, town, or county) (State): Walnut Ridge,Arkansas

24. FUNERAL DIRECTOR: John J.Kassly — **ADDRESS**: E.St.Louis,Illinois

25. DATE RECD. BY LOCAL REG.: NOV 21 '58

26. REGISTRAR'S SIGNATURE: Carl Smith MD
MDB

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1958

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John J. Kasly III

Licensed Embalmer No. 5039

P. O. Address Belleville

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.