

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045299
STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 4884

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 113 Benham		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last A L B E R T L E E E V A N S			4. DATE OF DEATH Month Day Year Dec. 29, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1871	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days 1 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Commerce, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME John Wesley Evans		13b. MOTHER'S MAIDEN NAME Eliza Evans		14. NAME OF HUSBAND OR WIFE Clara Evans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give dates of service) Yes WW I		16. SOCIAL SECURITY NO.	17. INFORMANT Address John L. Evans Kirkwood, 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) Rupture of aortic valve cusp.					INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease.					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) Lobar pneumonia.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Dec. 28, 1958 to Dec. 29, 1958 and last saw him alive on Dec. 29, 1958 Death occurred at 10:45a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John W. Fuller M.D.</i>			22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 12-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-31-1958	23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery		23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
24. FUNERAL DIRECTOR ADDRESS BOYER & SON, FH Bonne Terre Mo		25. DATE RECD. BY LOCAL REG. Dec. 30, 1958		26. REGISTRAR'S SIGNATURE <i>Ethel Redloff</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 B. T. Boyer B. T. BOYER

Licensed Embalmer No. 3660 P. O. Address Desloge, 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.