

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-022363

State File No.

FILED JUN 29 1959

BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 2052

Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>30yrs.</u>	c. CITY OR TOWN <u>Sedalia</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 W. Ham, St.</u>			e. STREET ADDRESS (If rural, give location) <u>115 W. Ham.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Henry</u>	c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1884</u>		9. AGE (In years last birthday) <u>75yrs.</u> # UNDER 1 YEAR Months Days # UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Extra-gang laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steam Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Henry Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Peterson</u>	14. NAME OF HUSBAND OR WIFE <u>Arzelia Evans</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-10-5547</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arzelia Evans - Sedalia, Mo</u>		ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 Month</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephelonephritis</u>			<u>unknown</u>
		DUE TO (c) <u>Chronic Prostatitis</u>			<u>unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>611X</u>			20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>May 17, 1959</u> , to <u>6-23</u> , 1959, that I last saw the deceased alive on <u>6-23</u> , 1959, and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. R. Maddox</u>			23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>6-27-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>		
DATE REC'D BY LOCAL REG <u>6-27-1959</u>		REGISTRAR'S SIGNATURE <u>Frances Sheehy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold L. ...</u> ADDRESS <u>4400 W. ...</u>		

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

541

6961 8 700
JUL 8 1959

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 *Gene Cleland*

Licensed Embalmer No. *424*

P. O. Address *Sideline*

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.