ept. Health,
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V. S. 300
Rev. 1-57

FILED VS SEP 14 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-029705
STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McLARNEY HOSP — Length of stay in 1b 2 HRS
0

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LINN
c. CITY OR TOWN MEADVILLE — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]
0588 0

3. NAME OF DECEASED (Type or print) First JOSEPH Middle VERNON Last EVANS
4. DATE OF DEATH Month Day Year 9-1-59

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 11-24-1912
9. AGE (In years last birthday) 46 — 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) CARPENTER, CONTR
10b. KIND OF BUSINESS OR INDUSTRY HOUSE BUILDING
11. BIRTHPLACE (City and state or country) MEADVILLE, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JESSE L. EVANS
13b. MOTHER'S MAIDEN NAME LENA SIDEBOTTOM
14. NAME OF HUSBAND OR WIFE FERN

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.
17. INFORMANT FERN EVANS, Address MEADVILLE, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 2½ hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosis
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 9-1-59, to 9-1-59 and last saw her/him alive on
Death occurred at 12 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.W. Bohrnk MD 0
22b. ADDRESS Brookfield, MO.
22c. DATE SIGNED 9/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9-3-59
23c. NAME OF CEMETERY OR CREMATORY MEADVILLE CEMETERY
23d. LOCATION (City, town, or county) (State) MEADVILLE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS BROTHERS, MEADVILLE, MISSOURI
25. DATE RECD. BY LOCAL REG. 9-5-59
26. REGISTRAR'S SIGNATURE Kathaline Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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SEP 16 1959

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

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 W. B. Wright

Licensed Embalmer No. 4655

P. O. Address Meadville, 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.