

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035941

FILED VS NOV 2 1959

132

Primary Registration District No. 3021

Registrar's No. 180

STATE FILE NUMBER

RENDERED

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRENTON</b>		c. CITY OR TOWN <b>TRENTON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1618 MABEL</b>		d. STREET ADDRESS (If outside, give location) <b>1618 MABEL</b>	

3. NAME OF DECEASED (Type or print) First <b>VINA</b> Middle <b>EVANS-</b> Last			4. DATE OF DEATH Month <b>Oct</b> Day <b>18</b> Year <b>1959</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 19, 1876</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home maker.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Grundy Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
13a. FATHER'S NAME <b>MOSE Forbes</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH EMORY</b>		14. NAME OF HUSBAND OR WIFE <b>Robert M. EVANS (dec)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Alma Powell Trenton, Mo</b> Address	

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

PART I. IMMEDIATE CAUSE (a) **Chronic myocarditis 1 year**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

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

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

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 **Oct 1st 1958** to **Oct 18th 1959** and last saw her/him alive on **Oct 16th 1959**

Death occurred at **7:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Oliver F. Duffy** (Degree or title)

22b. ADDRESS **Trenton Mo**

22c. DATE SIGNED **Oct 21st**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **Oct 20, 1959**

23c. NAME OF CEMETERY OR CREMATORY **Martin Cemetery**

23d. LOCATION (City, town, or county) (State) **Tindall, Mo.**

24. FUNERAL DIRECTOR **Dr. Gordon Blackman** ADDRESS **Trenton, Mo.**

25. DATE RECD. BY LOCAL REG. **10/26/59**

26. REGISTRAR'S SIGNATURE **Gene Fair**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 NOV 9 SA

**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 Claude H. Candall, Jr.

Licensed Embalmer No. 4986

P. O. Address Winton, N.J.

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.