

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-002823**

**FILED VS JAN 13 1960**

Registration District No. **275** Primary Registration District No. **3053** Registrar's No. **3**

STATE FILE NUMBER

|  |                                       |   |   |
|--|---------------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Phelps</b>   |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Rolla</b>                              | Length of stay in 1b<br><b>2 days</b> | c. CITY OR TOWN <b>Edgar Springs</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Phelps Co. Mem. Hospital</b> |                                       | d. STREET ADDRESS (If outside, give location)<br><b>None</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>EDWARD</b> Middle <b>EVANS</b> Last <b>EVANS</b> |  |  | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>3</b> Year <b>1960</b> |  |  |
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|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/7/1872</b> | 9. AGE (last birthday)<br><b>87</b> | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer, retired</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b> | 11. BIRTHPLACE (City and state or country)<br><b>Vida, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>John Evans</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Rebecca Keeney</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT Address<br><b>Mrs. George Murphy Rolla, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>48 hrs.</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Arterio-sclerosis + senility</b> |  |
|  | DUE TO (c)                                     |  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|   |  |  |  |                         |                          |
|---|--|--|--|-------------------------|--------------------------|
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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<br><b>Rolla</b> | COUNTY<br><b>Phelps</b> | STATE<br><b>Missouri</b> |
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| 21. I attended the deceased from <b>Jan 1, 1960</b> to <b>Jan 3, 1960</b> and last saw <b>her</b> alive on <b>Jan 3, 50</b><br>Death occurred at <b>7:45 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|  |                                    |  |   |
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| 22a. SIGNATURE (Signee or title)<br><b>Richard C. Myers</b>  | 22b. ADDRESS<br><b>Newburg, Mo</b> | 22c. DATE SIGNED<br><b>Jan 4, 60</b>                       |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Jan. 5, 1960</b>   | 23c. NAME OF CEMETERY OR CREMATOR<br><b>Smith Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Phelps County, Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Null &amp; Sons Funeral Home</b><br>By <b>Paul E. Null</b> <b>Rolla</b> |                                    | 25. DATE RECD. BY LOCAL REG.<br><b>Jan. 5, 1960</b>        | 26. REGISTRAR'S SIGNATURE<br><b>Nadene L. Stoll</b>                             |

(Licensed Embalmers Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul E. Newman

Licensed Embalmer No. 449

P. O. Address Rolla,

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.