JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 19 1960

60-007724
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 4437 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cairo
Length of stay in 1b: 16 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: None
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Randolph
c. CITY OR TOWN: Cairo
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS: None (If outside, give location)
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First CHARLIE Middle W. Last EVANS
4. DATE OF DEATH: Month February Day 8 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May-16-1878
9. AGE (Last birthday): 81
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Cairo Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jacob Evans
13b. MOTHER'S MAIDEN NAME: Nancy Jane Dodson
14. NAME OF ~~HUSBAND~~ OR WIFE: Arah Pearl Evans
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.: 486-28-6447
17. INFORMANT: Mrs. Charlie W. Evans Address: Cairo Mo

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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arterio sclerosis — 5 yr
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 May 2, 1955, to Feb 6, 1960 and last saw ~~her~~ him alive on 2/6/60
Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Dreyer MD
22b. ADDRESS: Huntsville, Mo.
22c. DATE SIGNED: 2/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-10-60
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
23d. LOCATION (City, town, or county) (State): Moberly Mo.
24. FUNERAL DIRECTOR: Cater Funeral Home ADDRESS: Moberly Mo
25. DATE RECD. BY LOCAL REG.: 2-10-60
26. REGISTRAR'S SIGNATURE: Leah Lowe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

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_____ Signed R. M. Cater

Signature of Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.