

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-020207**

FILED VS MAY 20 1960

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 11

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Mo.</u> b. COUNTY <u>NEW MADRID</u> admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COMO TWP</u>		Length of stay in 1b <u>2 yrs.</u>	c. CITY OR TOWN <u>RISCO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mi, S.E. Risco, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5 Mi, S.E. Risco, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>PERCY</u> Middle <u>DELL</u> Last <u>EVANS</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>5</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-30-97</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>CLARKSVILLE, ARK.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>TOM EVANS</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY McHICKEY</u>		14. NAME OF HUSBAND OR WIFE <u>CLEETA TACKER</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NO</u>		16. SOCIAL SECURITY NO. <u>429-22-2979</u>	17. INFORMANT Address <u>CLEETA EVANS, R-1 LILBOURN, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>
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) <u>Cardiac Hypertrophy</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <u>-</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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 <u>LILBOURN, MO.</u>	COUNTY	STATE
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21. I attended the deceased from 5-2-60 to 5-5-60 and last saw him alive on 5-5-60  
Death occurred at 9:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>James O. Cameron, D.O.</u> (Degree or title)	22b. ADDRESS <u>LILBOURN, MO.</u>	22c. DATE SIGNED <u>5-9-60.</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-8-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) <u>MALDEN, MO.</u> (State)
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24. FUNERAL DIRECTOR <u>DAY&amp;KNIGHT F.H. MALDEN, MO.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5/14/60</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Joseph H. Hunt, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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

Signed

*J. J. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malde

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