

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028008

FILED VS AUG 3 1960 314

Registration District No. 314 Primary Registration District No. 6058 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri h. COUNTY St. Clair									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Collins		Length of stay in 1b		c. CITY OR TOWN Collins		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Clarence Middle Alfred Last Evans				4. DATE OF DEATH Month July Day 12 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/8/88		9. AGE (last birthday) 71		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				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Clair County Mo., USA			12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME Robert M. Evans				13b. MOTHER'S MAIDEN NAME Sophia Hansen				14. NAME OF HUSBAND OR WIFE Della Evans					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Della Evans, Collins Missouri Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH ?			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. Month, Day, Year _____		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		COUNTY		STATE			
21. I attended the deceased from 1958 to July 1960 and last saw him alive on 7/9/60 Death occurred at 8:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) G. G. Robinson M.D.						22b. ADDRESS Humansville Missouri			22c. DATE SIGNED 7/15/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/15/60		23c. NAME OF CEMETERY OR CREMATORY Holsapple			23d. LOCATION (City, town, or county) (State) Collins Mo.						
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola Mo. ADDRESS						25. DATE RECD. BY LOCAL REG. 7-28-60		26. REGISTRAR'S SIGNATURE Ruth Seewers					

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.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Quincy

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.