

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042657

D VS DEC 14 1960

Registration District No. 383 Primary Registration District No. 3037 Registrar's No. 119

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jacks</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mr. Vernon</u>		Length of stay in lb <u>8 mo.</u>		c. CITY OR TOWN <u>Louisiana MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. MAIN ST.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>805 1/2 Seventh St</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM ROBERT EVELAND</u>				4. DATE OF DEATH Month Day Year <u>12 - 8 - 60</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 7 - 1988</u>		
9. AGE (last birthday) <u>72</u>		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) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>			11. BIRTHPLACE (City and state or country) <u>MO</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>James Eveland</u>		13b. MOTHER'S MAIDEN NAME <u>McCoy</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Eveland</u>	
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 Address <u>Jane Blacketer, Rockport Ill</u>		
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>Cerebral Failure</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Intermittent</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Date or title) <u>Harold C. Ferguson</u>				22b. ADDRESS <u>1111 Union Mo 12/10/60</u>		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-9-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Pike County, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Collier Funeral Home, Louisiana, Mo</u>			25. DATE RECD. BY LOCAL BEG. <u>12-10-1960</u>		26. REGISTRAR'S SIGNATURE <u>H. D. Fossett</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1960

FEB 28 1961

DEC 30 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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. D. Forsett

Licensed Embalmer No. 2261

P. O. Address not known

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.