

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025150

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3231 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED III 20 1961

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 6 mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COLLEGE AVE NURSING HOME Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY RAY
 c. CITY OR TOWN HARDIN Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First OLLIE Middle B. Last EVANS 4. DATE OF DEATH Month JUNE Day 27 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-15-1874 9. AGE (last birthday) 87 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) HOUSE KEEPER 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) CARROLL COUNTY, MO. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME JANES 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE THOMAS EVANS (dead)

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. none 17. INFORMANT WALTER EVANS - HARDIN, MO. 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 days
 DUE TO (b) Arteriosclerosis 10 years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 N. 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 3-23-61 to 6-27-61 and last saw her/him alive on 6-27-61 Death occurred at 745 AM on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE Frank Paul Lawrence (Degree or title) 22b. ADDRESS 428 So. White Ave 22c. DATE SIGNED 6-28-61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 6-29-61 23c. NAME OF CEMETERY OR CREMATORY FAIRHAVEN CEM. 23d. LOCATION (City, town, or county) (State) NORBORNE, MO.

24. FUNERAL DIRECTOR BOECHE RDING FUN. HOME - HARDIN, MO. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 6-29-61 26. REGISTRAR'S SIGNATURE Ruth Long

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed August Boucherding

Licensed Embalmer No. 4678

P. O. Address Hardin, Mo.

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.