

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026558

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED JUL 30 1962 Primary Registration District No. _____ Registrar's No. 67

VS 300
Rev. 4/59

10330

20330

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9443X

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1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Deer</u>		2. USUAL RESIDENCE (Where deceased lived, if instituting: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Deer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Watkinsport</u>		c. CITY OR TOWN <u>Lenox</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>4 1/2 Srd of Lenox Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Graver</u> Middle <u>Cleveland</u> Last <u>EVANS</u>		4. DATE OF DEATH Month <u>July</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>9-14-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Craddock Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John W. Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Dennison</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>		17. INFORMANT <u>Mark A. Evans</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>Cardiac & pulmonary arrest</u> DUE TO (b) <u>Acute cerebrovascular accident</u> DUE TO (c) <u>hypertensive heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>3:15</u> a.m. <u>1960</u> p.m. <u>1962</u> 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 <u>1960</u> to <u>1962</u> and last saw him alive on <u>July 22, 1962</u> . Death occurred at <u>3:15</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>7-23-62</u>	
22a. SIGNATURE <u>B. J. Myers D.D.</u>		22b. ADDRESS <u>Lenox Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concord Cem</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson Lenox Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7/24/62</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Clark, M.D. by Au.</u>

(Revised Embalmer's Statement on Reverse Side)

JUL 31 1962

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

Signature

Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Leeting 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.