

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029839

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 346 Primary Registration District No. _____ Registrar's No. 60

STATE FILE NUMBER

FILED AUG 8 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richwoods</u>		c. CITY OR TOWN <u>Richwoods</u>	
Length of stay in 1b <u>6 years</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		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Julius</u> Middle <u>J.</u> Last <u>Evers</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>5</u> Year <u>1962</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>4-21-1921</u>
9. AGE (last birthday) <u>41</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>Die Setter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Vevier Loose L Co St. Louis, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Joseph Evers</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Haag</u>	
14. NAME OF HUSBAND OR WIFE <u>Theresa Marie Evers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Theresa Marie Evers Richwoods, Mo.</u>		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) <u>Gun shot wound in head.</u>			INTERVAL BETWEEN ONSET AND DEATH
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)			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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>self inflicted</u>	
20c. TIME OF INJURY Hour <u>3:00</u> s.m. <u>pm</u> Month, Day, Year <u>8-5-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Richwoods</u>	20f. CITY, TOWN, OR LOCATION <u>Washa</u>	COUNTY <u>Mo.</u> STATE _____
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>3:00AM 8-5-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D.L. Gibson D.C. Coroner</u>		22b. ADDRESS <u>Potosi, MO.</u>	22c. DATE SIGNED <u>8-6-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-8-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Stephens</u>	23d. LOCATION (City, town, or county) (State) <u>Richwoods, Mo.</u>
24. FUNERAL DIRECTOR <u>Mahn Funeral Home DeSoto, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8/7/62</u>	26. REGISTRAR'S SIGNATURE <u>Nelbert Rudall</u>

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 Ronald J. Mahony

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.