

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030484  
STATE FILE NUMBER

FILED SEP 10 1962 93

Registration District No. \_\_\_\_\_ Primary Registration District No. 5331 Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10290

20290

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94201

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1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>7/10</u> b. COUNTY <u>Jade</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cedar Twp</u>		Length of stay in 1b <u>6 yrs</u>		c. CITY OR TOWN <u>Lockwood, R.I., Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lockwood, R.I., Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>10th. U. St., Lockwood</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FIRED. LEE - EVANS</u>		4. DATE OF DEATH Month Day Year <u>9 - 4 - 62</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-8-1883</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Jerico Spg. Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>		13a. FATHER'S NAME <u>Engelm Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Fry</u>	
14. NAME OF HUSBAND OR WIFE <u>Ade Evans</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. <u>5</u>	
17. INFORMANT <u>Mr Evans, Jerico Spg. Mo</u>		Address			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis with thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 <u>9-2</u> to <u>9-3-62</u> and last saw him alive on <u>Sept 3-62</u> Death occurred at <u>9:15 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>G.B. Bannister M.D.</u>		22b. ADDRESS <u>Jerico Springs Mo</u>		22c. DATE SIGNED <u>9-4-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem</u>		23d. LOCATION (City, Town, or county) (State) <u>3 1/2 S. W. Jerico Spg. Mo</u>	
24. FUNERAL DIRECTOR <u>Mr P. Long, Jerico Spg. Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9/7/1962</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>

USE BLACK INK OR TYPEWRITER RIBBON G.B. Bannister, M.D.

**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 *J. D. Long*

Licensed Embalmer No. 3714

P. O. Address *Jurico Spg.*

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.