

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045951

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1492

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 9 1963	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>Buchanan</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph, Mo.</b> Length of stay in 1b <b>4 days</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b></p> <p>c. CITY OR TOWN <b>Stanberry</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>5 mi. s.w. Stanberry, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>George Franklin Evans</b></p>	
<p><b>4. DATE OF DEATH</b> Month Day Year <b>Dec. 30, 1962</b></p>	
<p><b>5. SEX</b> <b>male</b></p>	<p><b>6. COLOR OR RACE</b> <b>white</b></p>
<p><b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <b>5-12-1879</b></p>
<p><b>9. AGE</b> (last birthday) <b>83</b> IF UNDER 1 YEAR IF UNDER 24 HR</p> <p style="font-size: 8pt;">Months Days Hours Min.</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farming</b></p>	<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farm &amp; Cattle</b></p>
<p><b>11. BIRTHPLACE</b> (City and state or country) <b>Gentry Co., Mo.</b></p>	
<p><b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b></p>	
<p><b>13a. FATHER'S NAME</b> <b>James J. Evans</b></p>	<p><b>13b. MOTHER'S MAIDEN NAME</b> <b>Ella Welch</b></p>
<p><b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Dollie L. Evans</b></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b></p>	<p><b>16. SOCIAL SECURITY NO.</b> _____</p>
<p><b>17. INFORMANT</b> Address <b>Mrs. Dollie L. Evans, RFD #2, Stanberry, Mo.</b></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Pneumonia, bilateral</b></p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis, Parkinsonism, far-advanced</b></p> <p>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</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>	<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p><b>20f. CITY, TOWN, OR LOCATION</b> <b>1957</b> to <b>12/30/62</b> and last saw him alive on <b>12/29/62</b></p>	
<p><b>21. I attended the deceased from</b> _____ <b>8:20 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> (Degree or title) <b>Donald Stallard, M.D.</b></p>	<p><b>22b. ADDRESS</b> <b>902 Edmond, St. Joseph, Mo.</b></p>
<p><b>22c. DATE SIGNED</b> <b>1/3/63</b></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b></p>	<p><b>23b. DATE</b> <b>Jan. 2, 1963</b></p>
<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>High Ridge Cemetery</b></p>	
<p><b>23d. LOCATION</b> (City, town, or county) (State) <b>Stanberry, Missouri</b></p>	
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <b>JOHNSON FUNERAL HOMES, Stanberry, Mo.</b></p>	<p><b>25. DATE RECD. BY LOCAL REG.</b> <b>Jan. 7, 1963</b></p>
<p><b>26. REGISTRAR'S SIGNATURE</b> <b>Mrs. Clark Goodell</b></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

D. Stallard, M.D.

JAN 24 1963

Permit issued 12/30/62

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 Charles Dean Allee, Student Embalmer No. 621  
working under my personal supervision.

Student Charles Dean Allee  
Signature of Student Embalmer

Signed Ross Evan Johnson

Licensed Embalmer No. 4948

P. O. Address: Stanberry, 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.