

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016572

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. \_\_\_\_\_ Registrar's No. 99

STATE FILE NUMBER

FILED MAY 13 1963

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldridge Twn.</u>		Length of stay in 1b <u>50 yrs.</u>	c. CITY OR TOWN <u>Eldridge</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 <u>Eldridge, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Edlridge, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>N.</u> Last <u>Evans</u>			4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1963</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>7-21-83</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agricultural</u>	11. BIRTHPLACE (City and state or country) <u>Camden Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Ellen Walters</u>	14. NAME OF HUSBAND OR WIFE <u>Millie Jane Evans</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>		16. SOCIAL SECURITY NO. _____
17. INFORMANT <u>Millie Jane Evans-Eldridge, 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>Inanition &amp; Debilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Brochoogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>6 weeks</u> <u>6 months</u>
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 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 <u>Camden Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>Nov 1962</u> to <u>5/7/1963</u> and last saw him alive on <u>4/7/1963</u> Death occurred at <u>2.30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Kenneth E. Witzchem MD</u> (Degree or title)	22b. ADDRESS <u>Camden Mo</u>	22c. DATE SIGNED <u>5/9/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-9-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ira Cemetery</u>	23d. LOCATION (City, town, or county) <u>Laclede Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>Charles T. Tob</u> <u>Palmer Funeral Home</u>	ADDRESS <u>Camden Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-9-1963</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Way</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF \_\_\_\_\_ DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF \_\_\_\_\_  
 ITEM NO. SHOULD READ \_\_\_\_\_  
 DATE AMENDED  
 1 0530  
 2 0530  
 3  
 4 0  
 5 1  
 6  
 7 0  
 8 2  
 9 162.1  
 10  
 11  
 12 90-2  
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

JUN 4 1963

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 Charles J. Tyb

Licensed Embalmer No. 4534

P. O. Address Lebanon 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.

Emmils Secured 5-9-1963 W. R. R. A.