

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

9049110

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

00F ILED 30 647

Primary Registration District No.

3023

Registrar's No.

VS 300
Rev. 4/59

1 0425

2 0080

3

4 0

5 2

6

7 0

8 2

9 1/200

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLINTON

Length of stay in 1b

2 yr

c. FULL NAME OF (If NOT in hospital, give location)

CLINTON GENERAL HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

BENTON

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Lincoln RT #1

d. STREET

ADDRESS

10 mile south west of Lincoln

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

JAMES

ALFRED

EVANS

4. DATE OF DEATH

Month

Day

Year

OCT. 23 1964

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

JULY 7 1880

9. AGE (last birthday)

84

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

HENRY COUNTY MO

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Phillip EVANS

13b. MOTHER'S M maiden NAME

NANNIE CLARK

14. NAME OF HUSBAND OR WIFE

Maggie EVANS (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

FORREST E. EVANS

Address

Lincoln, MO RT #1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

One year

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)

Acute urinary infection

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☒

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

Death occurred at

10/20/64, to 10/23/64

and last saw him alive on 10/22/64

7:12 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. B. Hughes, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

10/25/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10/25/64

23c. NAME OF CEMETERY OR CREMATORY

McINTIRE CEM.

23d. LOCATION (City, town, or county)

BENTON COUNTY MO

(State)

24. FUNERAL DIRECTOR

Fred DAVIS & SON

ADDRESS

Lincoln

25. DATE RECD. BY LOCAL REG.

OCT. 23, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

NOV 27 1964

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.

EX-1030