

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044363

STATE FILE NUMBER

Registration District No. 131 Primary Registration District No. 3028 Registrar's No. 292

FILED JAN 8 1962

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Henry</u>
Length of stay in 1b		c. CITY OR TOWN <u>Urish</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) <u>Wetzel Hospital</u>		d. STREET ADDRESS <u>mo</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Ernest</u>	Middle <u>Claudious</u>	Last <u>Evans</u>	4. DATE OF DEATH	Month <u>Dec</u>	Day <u>29</u>	Year <u>1961</u>
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5. SEX <u>Male</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>MARCH 7 1882</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Retur & Zerner</u>	11. BIRTHPLACE (City and state or country) <u>CA/HOUN MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Phillip A Evans</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY CLARK</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA Pearl N. Moore</u>
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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. <u>495-09-8724</u>	17. INFORMANT <u>Raymond C Evans Urish MO</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>		<u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial Insufficiency</u>	<u>7 days</u>
	DUE TO (c) <u>Chronic Hypertensive Heart Disease</u>	<u>2 yrs.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity & Senility</u>	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 8-1-1959 to 12-29-61 and last saw her/him alive on 12-29-61
Death occurred at 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Clinton Z. Sleep</u> (Degree or title)	22b. ADDRESS <u>105 E. Ohio Clinton, Mo.</u>	22c. DATE SIGNED <u>1/1/62</u>
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23a. BURIAL, CREMATION, OR REMOVAL	23b. DATE <u>Dec 31-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Urish Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Neaurch Nancy MO.</u>
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24. FUNERAL DIRECTOR <u>Brown & Mahan</u>	25. DATE REG. BY LOCAL REG. <u>JAN 2-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 9 1962

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

N.A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, N.Y.

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.