

FILED JUN 27 1949

## STANDARD CERTIFICATE OF DEATH

5765 State File No. 20271

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>209</u>  |  | PRIMARY REG. DIST. NO. <u>3043</u>  |  | Registrar's No. <u>20271</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Mayion</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mayion</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oakwood</u>  |  |  | c. LENGTH OF STAY (in this place)                          |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oakwood</u> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1715 Price Ave</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>1715 Price Ave</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>John</u> b. (Middle) <u>A.</u> c. (Last) <u>EVANS</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1949</u> |   |  |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH <u>June 4, 1877</u>  |  |
| 9. AGE (In years last birthday) <u>72</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Rolls County, MO</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U</u>   |  |
| 13a. FATHER'S NAME <u>Sam. Evans</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Louisa Bramblet</u>           |   |  | 14. NAME OF HUSBAND OR WIFE <u>Burnetta</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>NO</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lou Simpson</u> ADDRESS <u>1715 Price Ave, Oakwood MO</u>                                       |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                          |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Arterio Sclerosis</u> DUE TO (c) <u>Old</u><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 yrs</u><br><br><u>4506</u>                         |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>            |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)<br><u>Hammond Mayion MO</u>  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>June 17, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>J B Norton M.D.</u>  |  |  |  | 23b. ADDRESS <u>Hammond Mo.</u>   |  | 23c. DATE SIGNED <u>6-21-49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>6-20-49</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Patrick Missouri</u>                   |  |
| DATE REC'D BY LOCAL REG. <u>6/21/49</u>  |  | REGISTRAR'S SIGNATURE <u>S. E. McLeuder</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>   |  | ADDRESS <u>Hammond MO</u>   |  |

**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 .....  
Student Embalmer

Signed *Michael J. O'Connell* \_\_\_\_\_

Licensed Embalmer No. *3246* \_\_\_\_\_

P. O. Address *Nannibal 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 this body is not embalmed, fact should be so stated above.