

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8450

State File No.

FILED MAR 25 1950

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>8 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Addition</u>				d. STREET ADDRESS (If rural, give location) <u>New Addition</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>--</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9, 1950</u>				
5. SEX <u>Male</u> ✓		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> ✓		8. DATE OF BIRTH <u>May 12, 1877</u>	
9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>72</u> <u>9</u> <u>27</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life when retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</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. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bob Thomas Fayette, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Arthritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>March 9, 1950</u> , to <u>March 9, 1950</u> , that I last saw the deceased alive on <u>March 9, 1950</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mrs. J. Shaw M.D.</u>				23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>3-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/11/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Franklin Col. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-11-50</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> <u>436</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Cass</u> <u>Fayette, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 23

District Health Officer No. 8,

District File Number

File Filed

3-24-50

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.

Signed _____

Felsh A. Carr

Signed _____
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.