No. 300
10.48

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19077

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee Rural Kelso Twp
c. LENGTH OF STAY (in this place) 38 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee Rural Kelso Twp
d. STREET ADDRESS (If rural, give location) Edge of Chaffee East 10 acs

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Dell
c. (Last) Evans

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 12 1887
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Williamsburg Mo.
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Nettie Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 497-18-2361
17. INFORMANT'S SIGNATURE OR NAME Paul Evans — ADDRESS Chaffee Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4202

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/17, 1950, *to* 4/17, 1950, *that I last saw the deceased alive on* 4/18, 1950, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Francis J. Orlowski (Degree or title) D.O.
23b. ADDRESS 209 S. Main St. Chaffee, Mo
23c. DATE SIGNED 4/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-20-50
24c. NAME OF CEMETERY OR CREMATORY Union Park
24d. LOCATION (City, town, or county) Chaffee (State) Mo

DATE REC'D BY LOCAL REG. 4/24/50
REGISTRAR'S SIGNATURE H.B. MacCready 298
25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home — ADDRESS Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 24 1950
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 550-45

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missou

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.