

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23368

State File No. ....

0400

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5469 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL FRANKLIN TOWNSHIP</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>0400</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>FRANKLIN TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MIL</u> b. (Middle) <u>O</u> c. (Last) <u>EVANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-8-1950</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>JULY-20-1863</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>11</u>	11. DAYS <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>WESLEY EVANS</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERIN PATRICK</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE EVANS</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>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LETHA COON</u>		ADDRESS <u>SPICKARD 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericardial Anemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 mth</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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>Jan</u> , 19 <u>12</u> , to <u>June 12</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Jan 12</u> , 19 <u>50</u> , and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. W. Ewing</u> (Degree or title)		23b. ADDRESS <u>Spickard mo</u>	23c. DATE SIGNED <u>7-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u>
DATE REC'D BY LOCAL REG. <u>7-10-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>114 Cooper School Funeral Home Spickard 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 Ross Wise.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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.