No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36495

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 260

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 12yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1414 E. Miller St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264 0
d. STREET ADDRESS (If rural, give location): 1414 E. Miller St.

3. NAME OF DECEASED (Type or Print)
a. (First): Isaac
b. (Middle): Ike
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 20 1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Light Emp.
10b. KIND OF BUSINESS OR INDUSTRY: Fulton, Mo.
11. BIRTHPLACE (State or foreign country): Pittsburgh Penn
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rev. Dan R. Evans
13b. MOTHER'S MAIDEN NAME: Susan Wright
14. NAME OF HUSBAND OR WIFE: Mary Katherine Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Sydney Fox, Jefferson City?MO

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) Bilateral Bronchial Pneumonia — 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) upper respiratory infection

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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* 11-17, 1950, *to* 11-23, 1950, *that I last saw the deceased alive on* 11-23, 1950 *and that death occurred at* 2:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. V. McKelly MD
23b. ADDRESS: Central Trust Bldg Jefferson City Mo
23c. DATE SIGNED: 11-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 25, 1950
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: Nov. 24 1950
REGISTRAR'S SIGNATURE: R. P. Dorris MD — MR 68
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Victor Buesche Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-27-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 11-27-50

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

working under my personal supervision.

Student Embalmer No. 389

Signed Billy Lloyd Shackelford
Student Embalmer

Signed Victor Buecher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.