

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40690
5411

State File No.

FILED JAN 13 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osteopathic Hospital | c. LENGTH OF STAY (in this place) (Specify) 1 1/2 Hours | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital | | d. STREET ADDRESS (If rural, give location) | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) DOROTHA b. (Middle) M. c. (Last) EVANS | | | 4. DATE OF DEATH (Month) (Day) (Year) December 23 1950 | | |
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|----------------------|-------------------------------|--|--|--|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 27, 1923 | | 9. AGE (in years last birthday) 27 IF UNDER 1 YEAR: Months Days IF UNDER 10 HRS. Hours Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Versailles, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A |
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| 13a. FATHER'S NAME Rube Shores | | 13b. MOTHER'S MAIDEN NAME Della Williams | | 14. NAME OF HUSBAND OR WIFE Junior Evans | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Walter Meriott, Versailles, Mo. | | | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple Technical Remarriage Probably Lymphatic Leucemia | | | INTERVAL BETWEEN ONSET AND DEATH 2040 |
| 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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|--|--|----------------------------|--|--|
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:40 P** m., from the causes and on the date stated above.

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|---|--|--|--|-------------------------------------|
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | | 23b. ADDRESS 1034 Oakwood Bldg | | 23c. DATE SIGNED 12-24-50 |
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|--|-----------------------------------|--|--|--|
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE Dec. 26, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery | 24d. LOCATION (City, town, or county) (State) Versailles, Missouri | |
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| DATE REC'D BY LOCAL REG. 12-25-50 | REGISTRAR'S SIGNATURE Seraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KIDWELL FUNERAL HOME Versailles, Missouri | | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed

Chas E. Wells

Signed.....

Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *K.C. 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.