

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23344

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>146</u>	PRIMARY REG. DIST. NO. <u>5-568</u>	Registrar's No. <u>243</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Inter-City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New York</u> <u>8310</u>		
c. LENGTH OF STAY (In this place) <u>2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1115 E. 24 Highway</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dove</u>		b. (Middle) <u>-</u>		c. (Last) <u>Evans</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb 29, 1888</u>	9. AGE (In years, last birthday) <u>63</u> MONTHS _____ YEAR _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fed Reserve Bank</u>		11. BIRTHPLACE (State or foreign country) <u>Ala, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>John P. Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J. L. Bland</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>_____</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of thyroid</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 checked="" 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) <u>194X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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>June 1, 1951</u> , to <u>July 4, 1951</u> , that I last saw the deceased alive on <u>July 4, 1951</u> , and that death occurred at <u>11:25 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Field W. Smith M.D.</u>		23b. ADDRESS <u>10229 Medplex Kc-Med</u>		23c. DATE SIGNED <u>7/7/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Grove Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Indep. Mo</u>				
DATE REC'D BY LOCAL REG. <u>July 6-1951</u>		REGISTRAR'S SIGNATURE <u>J. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dixon L. Kelly</u>
				ADDRESS <u>Indep. Mo</u>

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

JUL 25 RECD

EX-103

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

Dixon L. Kephly

Licensed Embalmer No. 4225

P. O. Address *Indes 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.