

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3797

**JAN 28 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6266 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL High Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL HIGH PRARIE</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>L</u> c. (Last) <u>EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 15 1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB 15 1895</u>		9. AGE (In years last birthday) <u>56</u>		10. F UNDER 1 YEAR Days <u>11</u> 11. F UNDER 1 Wk. Hours <u>11</u> Mins.	
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>MARSHFIELD MO</u>	
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JOHN EVANS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA HOLLAND</u>		14. NAME OF HUSBAND OR WIFE <u>GEOTA EVANS</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEOTA EVANS MARSHFIELD MO</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</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 <u>Sept 22, 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Glioblastoma</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>193x</u>	
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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?	
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22. I hereby certify that I attended the deceased from Sept 22, 1951, to Jan 9, 1952, that I last saw the deceased alive on Jan 9, 1952, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter E. Lutz M.D.</u>		23b. ADDRESS <u>Marshfield Mo.</u>		23c. DATE SIGNED <u>1/21/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-19-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GOOD HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>	
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DATE REC'D BY LOCAL REG. <u>1-20-52</u>		REGISTRAR'S SIGNATURE <u>Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>397 BARBER BARTO MARSHFIELD</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Julien Gaudin*

Licensed Embalmer No. *4562*

P. O. Address *Springfield, Me*

**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.