

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37384**

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex Richland Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex Richland Twp.	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) _____ c. (Last) Evans			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 9, 1887		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	
10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Shawneetown, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dave Evans		13b. MOTHER'S MAIDEN NAME Martha Howell		14. NAME OF HUSBAND OR WIFE Lucy Belle Evans	
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. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucy Bell Evans Essex, Mo. R. 2	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Endocarditis ANTECEDENT CAUSES Virus Pneumonia 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.		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
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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) 492 X	
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 **Oct 2nd 1947** to **Oct 5, 1952**, that I last saw the deceased alive on **Oct 4, 1952** and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. S. Lewis M.D.		23b. ADDRESS Dexter Mo.		23c. DATE SIGNED 10/12/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-7-52		24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley cem.	
24d. LOCATION (City, town, or county) (State) Dexter, Mo. R. 4.					

DATE REC'D BY LOCAL REG. Oct. 15, 1952		REGISTRAR'S SIGNATURE Rose Webber		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.