

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41965**

FILED DEC 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>417</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Kirksville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>605 S. Fible St., 0013 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>M.</u> c. (Last) <u>Evans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1953</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>Mar. 19, 1886</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ice Cream Mfg.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Ice Cream</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bedford, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alex Evans</u>			13b. MOTHER'S MAIDEN NAME <u>Etta Craig</u>		14. NAME OF HUSBAND OR WIFE <u>Katie Stoker Evans</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katie Evans, Kirksville, Mo.</u>			
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* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</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 _____		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>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 20, 1953</u> , to <u>Dec 20, 1953</u> , that I last saw the deceased alive on <u>Dec 20, 1953</u> , and that death occurred at <u>5:55 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. T. Rhoads, D.O.</u> (Degree or title)				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>12-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/22/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bedford</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford, Iowa.</u>		
DATE REC'D BY LOCAL REG. <u>12-22-53</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Karl H. [unclear]</u>		ADDRESS <u>Kirksville, Mo.</u>	

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

JAN 12 1954

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.....
Signature of Student Embalmer

Signed *Richard H. Randall*.....

Licensed Embalmer No. *4866*.....

P. O. Address *Fulwille, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.