

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

451

State File No.

No. 300
10-48

FILED JAN 29 1954

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5176</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Angles</u>		c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>		<u>0150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Clyde Forbes</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u>		b. (Middle) <u>Gavins</u>		c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 54</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 1 - 1879</u>	9. AGE (In years) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallis Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John W Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Ellen Waters</u>		14. NAME OF HUSBAND OR WIFE <u>Nella Doyle</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otie Forbes</u>		ADDRESS <u>as above</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				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs 9 mos</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension and heart disease</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>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>+43X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richland MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>no injury</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>					
22. I hereby certify that I attended the deceased from <u>1951 Apr</u> , 1951, to <u>Jan</u> , 1954, that I last saw the deceased alive on <u>July 15</u> , 1953, and that death occurred at <u>2 4 1/2</u> m. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. E. Eastman M.D.</u>				23b. ADDRESS <u>Stratford Mo</u>		23c. DATE SIGNED <u>Jan 24 54</u>			
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Jan 21 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake of the Oaks</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan 25 1954</u>		REGISTRAR'S SIGNATURE <u>Zilpha Irwin 42-0</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Banks - Woolery</u>		ADDRESS <u>Camden Mo</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Philip Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address. Canderton, Md.

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.