

FILED MAY 24 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15517**
478

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1860 N. Douglas		e. STREET ADDRESS (If rural, give location) 1860 N. Douglas 0346	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) I.	c. (Last) Evans	4. DATE OF DEATH (Month) (Day) (Year) May 15, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12 Aug 1887	9. AGE (In years last birthday) 66	If UNDER 1 YEAR Months _____ Days _____	If UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Dean	10b. KIND OF BUSINESS OR INDUSTRY Bible College	11. BIRTHPLACE (City and State or Foreign Country) Penn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Evans	13b. MOTHER'S MAIDEN NAME Frances Irvin	14. NAME OF HUSBAND OR WIFE Hilda Evans
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Hilda Evans ADDRESS Springfield Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Vascular Disease DUE TO (c) Hypertensive Vascular Disease		
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"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **19 Jan 1954** to **15 May 1954**, that I last saw the deceased alive on **15 May 1954**, and that death occurred at **10:05** m., from the causes and on the date stated above.

23a. SIGNATURE Stanley D. Peterson (Doctor or title) MD	23b. ADDRESS Holland Building Springfield, Mo.	23c. DATE SIGNED 17 May 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-19-54	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) Springfield, Mo. (State) _____
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DATE REC'D BY LOCAL REG. 5-19-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co ADDRESS Springfield Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 20 1955
JAN 28 1955

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 *Ogle Stone Jr*.....

Licensed Embalmer No. *41*.....

P. O. Address *Spring*.....

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.