

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22619

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Gray Summit	
c. LENGTH OF STAY (in this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 03100	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) VERNON b. (Middle) S. c. (Last) EVANS			4. DATE OF DEATH (Month) (Day) (Year) July 31, 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 APRIL 28, 1873	9. AGE (In years last birthday) 81	10. MONTHS -	11. DAYS -	12. HOURS -	13. MIN. -
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) Express man	10b. KIND OF BUSINESS OR INDUSTRY Firm RR. Exptl	11. BIRTHPLACE (State or foreign country) Chicago, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME (Unknown) Evans	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Estelle Evans
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) -	17. INFORMANT'S SIGNATURE OR NAME Estelle Evans Gray Summit Mo.	ADDRESS Gray Summit 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status asthmaticus		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	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. Generalized arteriosclerosis		

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) (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 **Aug 10, 1946**, to **July 31, 1954**; that I last saw the deceased alive on **MAY 14, 1954**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J.P. Keener MD	(Degree & title)	23b. ADDRESS Gray Summit Mo.	23c. DATE SIGNED 8/11/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-2-1954	24c. NAME OF CEMETERY Brush Creek	24d. LOCATION (City, town, or county) (State) Gray Summit Mo.
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DATE REC'D BY LOCAL REG. 8/2/54	REGISTRAR'S SIGNATURE J.P. Keener	25. FUNERAL DIRECTOR'S SIGNATURE J.P. Keener	ADDRESS Gray Summit 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

Geo. L. Wheeler

Licensed Embalmer No. 3008

P. O. Address Pacific 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.