

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26436

State File No.

FILED SEP 3 1954

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ----			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u>	b. (Middle) <u>Horace</u>	c. (Last) <u>Evans</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 23, 1905</u>	9. AGE (In years last birthday) <u>49 yrs</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mfg. - Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Products</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ber Evans</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Evans</u>	14. NAME OF HUSBAND OR WIFE <u>Donna Faye Evans</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donna Faye Evans</u>	ADDRESS <u>Braymer, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably metastatic Carcinoma Primary Organ unknown</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1999</u>	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 April 3, 1954, to Aug. 22, 1954, that I last saw the deceased alive on Aug. 22, 1954, and that death occurred at 10:10 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>DO</u>	23b. ADDRESS <u>Braymer, Mo</u>	23c. DATE SIGNED <u>8-24-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Braymer, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-28-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>MEAD'S Funeral Service Braymer, Mo.</u>
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(I, the undersigned, declare that the foregoing is a true and correct statement of the facts stated therein.)

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

Donald J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.