

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29960**

BIRTH NO. _____ REG.-DIST. NO. **44** PRIMARY REG. DIST. NO. **1060** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY OR TOWN Breckenridge	c. LENGTH OF STAY in this place (township) 4 1/2 Mos	c. CITY OR TOWN Hamilton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Glich Nursing Home		STREET ADDRESS (If rural, give location) 0130	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) David	c. (Last) Evans	4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 11, 1974	9. AGE (In years last birthday) 79	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) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Darless County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wesley Evans	13b. MOTHER'S MAIDEN NAME Sarah Michael	14. NAME OF HUSBAND OR WIFE Lydia A. Evans
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest Wilson-Nettleton, Mo.	ADDRESS —
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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 3 hours
	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) _____ 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"/>
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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) 331X
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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 **9-27-54**, 19**54**, to **9-27**, 19**54**, that I last saw the deceased alive on **9-27**, 19**54**, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Nettleton, M.D.	23b. ADDRESS Breckenridge	23c. DATE SIGNED 9-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-30-1954	24c. NAME OF CEMETERY OR CREMATORY Lickfork Cemetery	24d. LOCATION (City, town, or county) (State) Darless Co., Mo.
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DATE REC'D BY LOCAL REG. 10-25-54	REGISTRAR'S SIGNATURE Ernest Wilson-Nettleton	25. FUNERAL DIRECTOR'S SIGNATURE Warwick Brown	ADDRESS Hamilton
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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.....
Signature of Student Embalmer

Signed *Morris A. Brown*.....

Licensed Embalmer No. *39*.....

P. O. Address *Hamilton*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**