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FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36779

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: CASS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HARRISONVILLE
c. LENGTH OF STAY (in this place): 2 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HARRISON
c. CITY OR TOWN: EAGLEVILLE
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0410 1

3. NAME OF DECEASED (Type or Print)
a. (First): EVENDRA
b. (Middle): EILEEN
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): NOV. 20 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-14-1924
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 5, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: STORE
11. BIRTHPLACE (City and State or Foreign Country): HARRISON COUNTY MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: EVERETT STANLEY
13b. MOTHER'S MAIDEN NAME: VELMA CLAYCOMB
14. NAME OF HUSBAND OR WIFE: KEITH EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 255-32-7606
17. INFORMANT'S SIGNATURE OR NAME: EVERETT STANLEY — ADDRESS: EAGLEVILLE, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock, internal bleeding — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fracture of Pelvis, 4th lumbar vertebra
DUE TO (c): fracture left radius, E8164 26

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 [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 17
21c. (CITY, TOWN, OR TOWNSHIP): Harrisonville (COUNTY): Cass (STATE): MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 20 54 5 P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Auto accident, 2 cars collided

22. *I hereby certify that I attended the deceased from* 11-20-, 1954, *to* 11-20-, 1954, *that I last saw the deceased alive on* 11-20-, 1954, *and that death occurred at* 7 P.M. p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward S. Jones, M.D. (Degree or title)
23b. ADDRESS: Harrisonville, MO
23c. DATE SIGNED: 11-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-23-54
24c. NAME OF CEMETERY OR CREMATORY: Morris Cemetery
24d. LOCATION (City, town, or county) (State): Eagleville, MO.

DATE REC'D BY LOCAL REG.: Nov. 22, 1954
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Donald W. Boggess — ADDRESS: Eagleville, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 4 1955
AUG 4 1958
JAN 31 1955

RECEIVED
NOV 29 1954
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert W. Ackerson

Licensed Embalmer No. 4902

P. O. Address Harrisonville

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