

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38967
STATE FILE NUMBER
416

FILED NOV 19 1956

Registration District No. 274 Primary Registration District No. 3052 Registrar's No.

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 6 Miles S.W. Syracuse ⁰⁷¹⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell		Length of stay in 1b 4 Months	d. STREET ADDRESS (If outside, give location) 6 Miles S.W. Syracuse Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle - Last Evans			4. DATE OF DEATH Month November Day 12 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February, 23, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Evans			14. MOTHER'S MAIDEN NAME Eliza Jane Giles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Charley Evans, Syracuse, Missouri Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY:- IMMEDIATE CAUSE* (a) Carcinoma Prostate & general metastasis		INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 177X
20c. TIME OF INJURY Hour 12:15 P Month Nov Day 1956 Year 1956 a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20e. CITY, TOWN, OR LOCATION Sedalia COUNTY Pettis STATE Mo	20f. CITY, TOWN, OR LOCATION Sedalia COUNTY Pettis STATE Mo

21. I attended the deceased from Nov 1951 to Nov 1956 and last saw him alive on Nov 11 1956 Death occurred at 12:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J V Siegel MD (Degree or title)	22b. ADDRESS Smithton Mo
22c. DATE SIGNED 12-12-56	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 14, 1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	23d. LOCATION (City, town, or county) (State) 5 Miles S.W. Syracuse, Mo
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24. FUNERAL DIRECTOR James E. Richards, Lytle ADDRESS	25. DATE RECD. BY LOCAL REG. 11-14-56	26. REGISTRAR'S SIGNATURE Hanna Wong, Deputy
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jessie E. Richer*
Licensed Embalmer No. *24*
P. O. Address *Lepta*

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