

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 021834  
STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 207 Primary Registration District No. 5957 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural</b>		c. CITY OR TOWN <b>Safe (Rural)</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Safe Community</b>		d. STREET ADDRESS (If outside, give location) <b>38</b>	
Length of stay in lb <b>85 yrs.</b>		Reside on Farm <b>Yes</b> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Calvin</b> Middle <b>Evans</b> Last <b>Evans</b>			4. DATE OF DEATH Month <b>June</b> Day <b>25</b> Year <b>'57</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 16 - 1871</b>		9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Maries Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Rachel Evans</b>			14. MOTHER'S MAIDEN NAME <b>Do not know</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Henry Evans (nephew) Safe, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardio-Vascular Dis</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Generalized arteriosclerosis</b>		
DUE TO (c) <b>Senility</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I.(n). <b>443X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>NSA</b>	
20c. TIME OF INJURY <b>NSA</b> Hour <b>NSA</b> Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>1950</b> to <b>6/26/57</b> and last saw <b>him</b> alive on <b>6/18/57</b>		
Death occurred at <b>Safe, Mo.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>James L. Burton M.D.</b>	22b. ADDRESS <b>Safe Mo</b>	22c. DATE SIGNED <b>6/26/57</b>

23a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-27-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dillon Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Safe, Mo</b>
24. FUNERAL DIRECTOR <b>Orphe. Dieblider</b>	ADDRESS <b>St James, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-1-57</b>	26. REGISTRAR'S SIGNATURE <b>Pauline Howard</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard notation for diseases in Part I.

**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 *me*..... Student Embalmer No.....

(working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Carl E. Licklider*

Licensed Embalmer No. *39*

P. O. Address *St. James*

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.