

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038543

STATE FILE NUMBER

REG OCT 27 1958 Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 170

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| 1. PLACE OF DEATH a. COUNTY Saline County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c. CITY OR TOWN Hatfield | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo.State School, Marshall 10 yrs. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|-------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First John Middle Clarence Last Eveland | | | 4. DATE OF DEATH Oct. 23, 1958 Month Day Year | | | |
| 5. SEX Male <input type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH June 13, 1939 | 9. AGE (In years last birthday) 19 yrs. | 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) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Willow Springs, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Nathan Eveland | | | 14. MOTHER'S MAIDEN NAME Marie Grabill | | | |
| 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 Mo.State School records, Marshall, Mo. Address | | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status epilepticus | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | 3532 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Circulatory failure; congenital arrested development | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1 |

| | | |
|---|--|---|
| 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.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | |
| 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 **1953**, to **1958** and last saw ^{DEK}him alive on **10-23-58**
Death occurred at **5:30 a.** m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
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| 22a. SIGNATURE (Degree or title) George J. Johns M. D. | 22b. ADDRESS Mo.State School, Marshall, Mo. | 22c. DATE SIGNED 10-23-58 |
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|--|------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Buried | 23b. DATE 10-25-58 | 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | 23d. LOCATION (City, town, or county) (State) Eagleville Mo |
|--|------------------------------|--|---|

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| 24. FUNERAL DIRECTOR ADDRESS Harry Harschberger Marshall Mo | 25. DATE RECD. BY LOCAL REG. 10-24-58 | 26. REGISTRAR'S SIGNATURE Carl J. Reed |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
GEORGE JOHNS
MEDICAL CERTIFICATION

1-9 0

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Harry Herschberger*

Licensed Embalmer No. *43*

P. O. Address *Marshall*

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.