

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009948

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>EUREKA - MO RR#1</b> Town <b>RR#1</b>		c. CITY OR TOWN <b>EUREKA - MO RR#1</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MERAMEC-TWNSHIP</b>		d. STREET ADDRESS (If outside, give location) <b>MERAMEC TWSHIP</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>B.</b> Last <b>EVRARD</b>			4. DATE OF DEATH Month <b>3</b> Day <b>25</b> Year <b>59</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC 8 - 1905</b>	9. AGE (In years birthday) <b>53 (63)</b>	10. UNDER 1 YEAR Months <b>5</b> Days <b>28</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONCRETE WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FINISHER</b>	11. BIRTHPLACE (City and state or country) <b>HOUSE SPRINGS - MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JESSE EVRARD</b>		13b. MOTHER'S MAIDEN NAME <b>HENRIETTA HALE</b>		14. NAME OF HUSBAND OR WIFE <b>STELLA EVRARD</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WW 2.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Minnie Lee Sulberg</b> Address <b>4611 Seibert</b>
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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) <b>CORONARY OCCLUSION</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	<b>4201</b>
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.)		
20c. TIME OF INJURY Hour <b>4:00</b> Month, Day, Year <b>3/28/59</b> 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 **CORONER'S UNCLE** and last saw her/him alive on **4:00 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James C. Felton M.D. Coroner</b>	22b. ADDRESS <b>Festa MO</b>	22c. DATE SIGNED <b>3/25/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/28/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Martins Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>High Ridge MO</b>
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24. FUNERAL DIRECTOR <b>Burial Home</b> ADDRESS <b>MO</b>	25. DATE RECD. BY LOCAL REG. <b>3-28-59</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 10 1959

APR 3 1959

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 *Gustav W. Spitzer*

Licensed Embalmer No. *4329*  
P. O. Address *St Louis Mo*

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