

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016428  
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Ouachita</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Camden</b> 903 9
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp.</b>		Length of stay in 1b <b>4 Days</b>	d. STREET ADDRESS (If outside, give location) <b>Route #3</b>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>WILLIAM</b> Last <b>EVANS</b>			4. DATE OF DEATH Month <b>4</b> Day <b>22</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</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>May 5-1892</b>
9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>11</b> Day <b>29</b>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumberman</b>		10b. INDUSTRY <b>Lumber</b>	11. BIRTHPLACE (City and state or country) <b>Diptonville, Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>—</b>		14. NAME OF HUSBAND OR WIFE <b>Lissie Evans</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT <b>Lissie Evans - Camden, Ark.</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>Cardiac Decompensation &amp; Aortic</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>
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) <b>4344</b>			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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>18-Apr-59</b> to <b>22-Apr-59</b> and last saw her alive on <b>22-Apr-59</b> Death occurred at <b>12:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. B. Shigmeaton M.D.</b>	(Degree or title)	22b. ADDRESS <b>Sikeston, Mo.</b>	22c. DATE SIGNED <b>23-Apr-59.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>4-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mounds Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lilbourn, Mo.</b>
24. FUNERAL DIRECTOR <b>Albritton Funeral Home</b>	ADDRESS <b>Sikeston, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clara Hunter</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 4 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 *Raymond L. Duff*

Licensed Embalmer No. *4798*  
P. O. Address *Berrie 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.