

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029851

MAILED SEP 13 1960  
 REGISTRATION DISTRICT NO. 53

Primary Registration District No. 3010 Registrar's No. 358

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>CAPE GIRARDEAU</b>		Length of stay in 1b <b>10 mins.</b>		c. CITY OR TOWN <b>VANDUSER, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>OSTOPATHIC HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>E.</b> Last <b>EVANS</b>				4. DATE OF DEATH Month <b>AUGUST</b> Day <b>31</b> Year <b>1960</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>11-2-1883</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (City and state or country) <b>MAYNARD, ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>WILLIAM EVANS</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH Mc MURFREY</b>			14. NAME OF HUSBAND OR WIFE <b>GOLDIE EVANS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>GOLDIE EVANS, VANDUSER, MISSOURI</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>Vascular Collapse</b>							INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>auricular Fibrillation</b>							<b>2 days</b>	
DUE TO (c) <b>Cardio-Vascular-Renal Arteriosclerosis ?</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. 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>8-29-60</b> to <b>8-31-60</b> and last saw <sup>with</sup> him alive on <b>8-29-60</b> Death occurred at <b>12:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>H. N. Hehner M.D.</b>				22b. ADDRESS <b>Chaffee Missouri</b>			22c. DATE SIGNED <b>9/3/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>9-1-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW MORLEY CEMETERY</b>		23d. LOCATION (City, town, or county) <b>MORLEY, MISSOURI</b>			
24. FUNERAL DIRECTOR <b>EARL J. SMITH, ORAN, MISSOURI</b>				25. DATE RECD. BY LOCAL REG. <b>9-7-1960</b>		26. REGISTRAR'S SIGNATURE <b>Gene Kasten</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 2676

P. O. Address ORAN, MISSOURI

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