RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 6 1960

-60-035421

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 115

DED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b 55 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 320 East Clayton — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 320 East Clayton — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Valentine Manning Evans

4. DATE OF DEATH Month Day Year: September 18, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 2/14/1874
9. AGE (last birthday): 86 — IF UNDER 1 YEAR Months 7 Days 4 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Conductor
10b. KIND OF BUSINESS OR INDUSTRY: C. B. & Q. R. R. Co.
11. BIRTHPLACE (City and state or country): Huntsville, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William J. Evans
13b. MOTHER'S MAIDEN NAME: Margaret Jones
14. NAME OF HUSBAND OR WIFE: Martha Evans (deceased)

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.: 707-07-6314
17. INFORMANT Address: Anne Evans, Brookfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Occlusion	D. O. A.
DUE TO (b)	Arteriosclerotic heart disease.	10 year.
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive heart failure -

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-9-60, to 9-18-60 and last saw her/him alive on D. O. A.
Death occurred at 7:00 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Bohnert M.D.
22b. ADDRESS: Brookfield Mo.
22c. DATE SIGNED: 9/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 20, 1960
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hill Funeral Home, Brookfield Mo.
25. DATE RECD. BY LOCAL REG.: 9-20-60
26. REGISTRAR'S SIGNATURE: Kathaline Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

9 030

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gerald F. Wa

Signature of Student Embalmer

Licensed Embalmer No. 4173

P. O. Address Browns

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