

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012213

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 47

AMENDED

FILED MAR 27 1961

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>   |   | Length of stay in 1b <u>Entire life</u>  | c. CITY OR TOWN <u>Marshall</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon hospital</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>711 East Gordon</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| 3. NAME OF DECEASED (Type or print) First <u>Estell</u> Middle <u>Kring</u> Last <u>Evans Jr.</u>   |   |  | 4. DATE OF DEATH Month <u>March</u> Day <u>19th</u> Year <u>1961</u>   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-28-1910</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock fitting</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>  | 9. AGE (last birthday) <u>50</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR   |
| 11. BIRTHPLACE (City and state or country) <u>Marshall Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>Estell Kring Evans</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Estella Lindsey</u>   | 14. NAME OF HUSBAND OR WIFE <u>Clara Sperry Evans</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   | 17. INFORMANT <u>711 East Gordon St. Mrs Clara Sperry Evans, Marshall Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Generalized Case - Cerv. Colon.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>  |
| 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.<br><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. _____ p.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 <u>1958</u> to <u>Mar 1961</u> and last saw <u>he</u> alive on <u>Mar 19</u> . Death occurred at <u>9 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>B. Kring M.D.</u>   |   | 22b. ADDRESS <u>Marshall, Mo</u>   | 22c. DATE SIGNED <u>3-20-61</u>  |
| 23b. DATE <u>3-21-1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>   | 23d. LOCATION (City, town, or county) <u>Marshall Missouri</u>   | (State)  |
| 24. FUNERAL DIRECTOR <u>Campbell-Lewis, Marshall Mo.</u>  | 25. DATE RECD. BY LOCAL REG. <u>3-20-61</u>   | 26. REGISTRAR'S SIGNATURE <u>Carl S. Reed</u>  |  |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 23 1961

**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 James H. Lewis Jr.  
Licensed Embalmer No. 4709

P. O. Address Marshall, W. Va.

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.