MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026391
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 39

FILED AUG 15 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

1	0236
2	8040
3	
4	3
5	1
6	
7	1
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9	331X
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11	
12	91-3
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8+9	9-14-1905 + 56	Unknown	8-31-62

BY AFFIDAVIT OF Informant DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b: ~~15 years~~
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): on Santa Fe Train in Clark County, Missouri — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: California — COUNTY: Los Angles
c. CITY OR TOWN: Los Angles — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1528 E. 50th Street — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Nealy — Middle — Last Evans

4. DATE OF DEATH: Month July — Day 28 — Year 1962

5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: ~~Unknown~~
9. AGE (last birthday): 9-14-1905 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Alabama
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Ellison
13b. MOTHER'S MAIDEN NAME: Mary Unknown
14. NAME OF HUSBAND OR WIFE: Anderson Evans

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.:
17. INFORMANT: Anderson Evans — Address: Los Angles, Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: -1 Min
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)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 1 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S. H. Channing-Coroner
22b. ADDRESS: Kahoka Mo.
22c. DATE SIGNED: 7-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug. 1, 1962
23c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
23d. LOCATION (City, town, or county) (State): Los Angles, Calif.

24. FUNERAL DIRECTOR: GERTH & BASKETT — ADDRESS: MEMPHIS, MISSOURI
25. DATE RECD. BY LOCAL REG.: 8/1-62
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1962
AUG 23 1962
OCT 2 1962
APR 3 1963

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.