MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-019665
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 50

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0380
2 03802
3
4 0
5 2
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7 0
8 2
9 6000
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12 2-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Albany
Length of stay in 1b: 7 years
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION: Gentry County Memorial Hospital
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 915 S. Polk

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN: Albany
Inside Limits: Yes ☒ No ☐
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILKIE Middle EUGENE Last EVANS

4. DATE OF DEATH: Month May Day 15, Year 1963

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/21/1882
9. AGE (last birthday): 70
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): stationary engineer
10b. KIND OF BUSINESS OR INDUSTRY: staionary Engineer
11. BIRTHPLACE (City and state or country): Burlington Juct. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Stanley C. Evans
13b. MOTHER'S MAIDEN NAME: Cora Wilkie
14. NAME OF HUSBAND OR WIFE: Ruby Clemmons Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Helen Swartz Address: 201 Logan Denver Colo.

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) Lobar Pneumia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Uremia Poisoning — 2 wks
DUE TO (c) Chronic Pyelonephritis — 2 mos.
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 May 12-63 to May 15-63 and last saw ~~him~~ her alive on May 15-63
Death occurred at 11:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. J. Pray, D.O. (Degree or title)
22b. ADDRESS: Albany, Mo.
22c. DATE SIGNED: 5-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: May 16, 1963
23c. NAME OF CEMETERY OR CREMATORY: Grandview
23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR: Brooks-Cochell Funeral Home ADDRESS: Albany, Mo.
25. DATE RECD. BY LOCAL REG.: 5-22-63
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1963

rec'd 5-22-63

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Donald E Cookell

Signature of Student Embalmer

Licensed Embalmer No. 4868

P. O. Address Albany, 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.