MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019714
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. ____ Registrar's No. 873

FILED JUN 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0390
2 1120
3
4 0
5 1
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8 0
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11 039
12 91-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: GREENE TWP
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CAMPBELL ST. RD
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: WEBSTER
c. CITY OR TOWN: MARSHFIELD RI
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 Mi NORTH
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First DONNIE Middle LEE Last EVANS

4. DATE OF DEATH: Month JUNE Day 4 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-4-1934

9. AGE (last birthday): 29

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): STATION ATTENDANT

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (City and state or country): MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: VICTORY EVANS

13b. MOTHER'S MAIDEN NAME: MARIE LOWERY

14. NAME OF ~~HUSBAND OR~~ WIFE: JACKIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT: JACKIE EVANS Address: MARSHFIELD

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): TRAUMA - MASSIVE - MULTIPLE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): AUTOMOBILE ACCIDENT
DUE TO (c): ____
INTERVAL BETWEEN ONSET AND DEATH: INSTANT

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.)
One car accident

20c. TIME OF INJURY: Hour APPROX 4:20 a.m. Month, Day, Year 6-4-63

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.): Hi-way 160

20f. CITY, TOWN, OR LOCATION: Near Springfield COUNTY: Greene STATE: Missouri

21. I attended the deceased from PRONOUNCED DEAD ON ARRIVAL and last saw him alive on ____
Death occurred at ? m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. W. Allen (Degree or title) MD

22b. ADDRESS: Springfield Mo

22c. DATE SIGNED: 6-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 6-4-1963

23c. NAME OF CEMETERY OR CREMATORY: MARSHFIELD

23d. LOCATION (City, town, or county) (State): MARSHFIELD MO

24. FUNERAL DIRECTOR: BARBER-EDWARDS ADDRESS: MARSHFIELD

25. DATE RECD. BY LOCAL REG.: 6-10-63

26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

Rec'd 6-4-63

JUN 19 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 _____
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt Dora, NM

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.