

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049402

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

IC-1224473

SI-32588

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 12381

STATE FILE NUMBER

FILED DEC 20 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 3 DAYS	c. CITY OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 134 LINCOLN AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BEN JAMIN A. EVANS			4. DATE OF DEATH Month Day Year DECEMBER 12- 1963		5. SEX MALE		
6. COLOR OR RACE NEGRO		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-13-92		9. AGE (last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY P.P.G CO RETIRED		11. BIRTHPLACE (City and state or country) DANTON, MISS.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIE EVANS		13b. MOTHER'S MAIDEN NAME SARAH BENJAMIN		14. NAME OF HUSBAND OR WIFE OLIVE B. EVANS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW2		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address OLIVE B. EVANS CRYSTAL CITY, MO.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE							INTERVAL BETWEEN ONSET AND DEATH 4 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) 4221
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC LUNG DISEASE - 20 YEARS							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.		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.) VA		20f. CITY, TOWN, OR LOCATION, COUNTY STATE 12-10-63 12-12-63 12-12-63	
21. attended the deceased from 12-10-63 to 12-12-63 and last saw him alive on 12-12-63 Death occurred at 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John D. [Signature]				22b. ADDRESS M.D. VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 12-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-16-63		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.				25. DATE RECD. BY LOCAL REG. DEC 14 1963		26. REGISTRAR'S SIGNATURE Road Smith, M.D.	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Gentrop P. Politto

Licensed Embalmer No. 3481

P. O. Address Crystal City - 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.