

V. S. No. 2
00M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2535

FILED JAN 16 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 283

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether in hospital or institution)

In this community All life in Dade & Barton Counties
(years, months or days)

3. (a) PRINT FULL NAME ORA E. EVANS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tillie Coy Evans

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 9 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59	1	17	hr. min.
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9. Birthplace Dade County, Missouri (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Gene Evans

13. Birthplace Unknown (1)
(City, town, or county) (State or foreign country)

14. Maiden name Van Fry

15. Birthplace Unknown (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Rice

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Dec 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedarville Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Dec. 30 '44 (b) Elizabeth Corpline
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Rural 0

(d) Street No. Lamar RFD #3 (Milford Township)
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1944 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 18 1944 to Dec 26 1944
that I last saw him alive on Dec 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Gangrene - Left Lower leg 7 yrs
Due to Arterio sclerosis -

Due to Hypertension

Other conditions: pre-senility

Major findings:
Of operations: 47
Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) _____
Means of injury _____

23. Signature Lloyd Schinton M.D.
Address Carthage MO Date signed 12/28/44

1203

44-12-1083

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Carl J. Kenan*.....

Licensed Embalmer No. 2247.....

P. O. Address Lamar, Missouri.....

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 this body is not embalmed, fact should be so stated above.