

FILED FEB 15 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2196

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>3055</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bolivar</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		d. STREET ADDRESS (If rural, give location) <u>712 West Locust</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>712 West Locust</u>				d. STREET ADDRESS (If rural, give location) <u>712 West Locust</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>			b. (Middle) <u>Benton</u>		c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>March 6, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Trader</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Thad Sumner Evans</u>			13b. MOTHER'S MAIDEN NAME <u>Zona Mae Cox</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Zona Mae Evans, Bolivar, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4001</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>2/31</u> , 19 <u>49</u> , and that death occurred at <u>11:30p.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Willard B. Leavitt, Acting Coroner</u>				23b. ADDRESS <u>Bolivar, Missouri</u>		23c. DATE SIGNED <u>Feb/7/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 10, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Garden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gewell Smith</u>		ADDRESS <u>Turpin Funeral Home, Bolivar, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 1-49-85

Date Filed 2-14-49

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.

Signed

Charles E. Soy

Signed _____

Student Embalmer

Licensed Embalmer No. 4610

P. O. Address Osceola, 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 this body is not embalmed, fact should be so stated above.