

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34443**

BIRTH NO. 66050-49 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 817

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u> c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 Grand Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>708 Grand Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Richard</u> c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>Oct. 20, 1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>6</u> IF UNDER 24 HRS. Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Charleston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Evans, Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Daniels</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marjorie Evans, 708 Grand, Charleston, Mo.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) m.		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 <u>10/25, 1949</u> , to <u>10 26 1949</u> , that I last saw the deceased alive on <u>10-26, 1949</u> and that death occurred at <u>00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>10/26/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 26, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 26 49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

NOV 1 - 1949

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed NOV 4 1949

**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 Frank J. Sparks

Licensed Embalmer No. 3455

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Cape Girardeau

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.