

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9365**

0452

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

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4244</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>					
b. CITY OR TOWN <u>CARTERVILLE</u>		c. LENGTH OF STAY (in this place) <u>2 YRS.</u>		c. CITY OR TOWN <u>CARTERVILLE</u>		<u>0470</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 S. JEFFERSON</u>				d. STREET ADDRESS (If rural, give location) <u>410 S. JEFFERSON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u>			b. (Middle) <u>RAE</u>		c. (Last) <u>EVANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 25 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUG. 25, 1947</u>		9. AGE (In years last birthday) <u>2</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</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>ROBERT EVANS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY SCOTT</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT EVANS</u> ADDRESS <u>CARTERVILLE</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</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>3533</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
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>Feb 25, 1950</u> , to <u>Feb 25, 1950</u> , that I last saw the deceased alive on <u>Feb 25, 1950</u> , and that death occurred at <u>7:40 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Jamot. Flaherty M.S.</u> (Degree or title)				23b. ADDRESS <u>3197 Main Carterville Mo</u>		23c. DATE SIGNED <u>2-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>March 3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/28/50</u>		REGISTRAR'S SIGNATURE <u>D.L. Dutcher M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>HORNBUT</u>		ADDRESS <u>GLOVER MORT. JASPER MO.</u>			

RECEIVED 3-7-50

Jasper County Health Office

County File Number 50-3-152

Date Filed 3-20-50

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

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.