

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1950

State File No. 19175
Registrar's No. 30

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 4536		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi, Mo		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi		d. STREET ADDRESS (If rural, give location) 113	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Franklin b. (Middle) Clay c. (Last) EVANES			4. DATE OF DEATH (Month) (Day) (Year) 5 21 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-27-1898	
9. AGE (In years last birthday) 52		10. MONTHS 2		11. DAYS 24		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) Washington county, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Rawson Paul EVANES			13b. MOTHER'S MAIDEN NAME Mearka Gore			14. NAME OF HUSBAND OR WIFE Mable EVANES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-12-7018		17. INFORMANT'S SIGNATURE OR NAME Mable EVANES		ADDRESS Potosi, Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis & Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma R. Angle Jaw DUE TO (c) With probable metastasis to Brain & Lungs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 196X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4/22, 1949, to 5/21, 1950 that I last saw the deceased alive on 5/20, 1950, and that death occurred at 2:35 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. H. Russell M.D.				23b. ADDRESS Potosi Mo		23c. DATE SIGNED 5/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-23-1950		24c. NAME OF CEMETERY OR CREMATORY Post Creek Baptist		24d. LOCATION (City, town, or county) (State) Post Creek Mo	
DATE REC'D BY LOCAL REG. 5/22/50		REGISTRAR'S SIGNATURE Helmut Wald		FUNDAL DIRECTOR'S SIGNATURE 405 Bayer General Home		ADDRESS Potosi, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 30 1950

WASH. COUNTY HEALTH

File No. 650-4

JUN 23 1950

JUN 14 1950

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 _____

Howard Higginbotham

Signed _____
Student Embalmer

Licensed Embalmer No. 4578

P. O. Address Pates, 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.