

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19571

FILED JUL 6 1950

State File No. ....

0150  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. ....		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5175</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden Russell Miss</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wicks Creek Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wicks Creek Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0150</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>FRANKLINE</u> c. (Last) <u>EVANS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 23 1907</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>grocery &amp; gas station</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Thomas Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Beady Eideon</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Evans</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Evans</u> ADDRESS <u>Wicks Creek 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of left lung</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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  <u>163X</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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1 1950</u> , to <u>June 5 1950</u> , that I last saw the deceased alive on <u>June 3 1950</u> , and that death occurred at <u>1:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Bailin</u>				23b. ADDRESS <u>Wicks Creek Mo</u>		23c. DATE SIGNED <u>June 26</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wicks Well</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-1-50</u>		REGISTRAR'S SIGNATURE <u>G. J. Myers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. B. Jones Bugala Mo</u>			

RECEIVED  
DISTRICT HEALTH OFFICE No. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed 7.5.50

APR 30 1952

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 Leland B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo, N.Y.

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.