

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25853

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>25-7 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>	
		d. STREET ADDRESS (If rural, give location) <u>3014 Jasper Street</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Le Moine</u>		b. (Middle) <u>-</u>	
c. (Last) <u>Evins</u>		(Month) <u>7</u> (Day) <u>8</u> (Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-8-1892</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mission</u>	11. BIRTHPLACE (State or foreign country) <u>Scott County Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James F. Evins</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records - State Hospital #3</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</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>002X</u>	
19a. DATE OF OPERATION <u>5-17-1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tuberculosis of Pancre. (Chalostomy)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
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 <u>6-1-</u> , 19 <u>46</u> , to <u>7-8-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-7-</u> , 19 <u>50</u> , and that death occurred at <u>4:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Bunch, M.D.</u>		23b. ADDRESS <u>State Hospital #3</u>	
23c. DATE SIGNED <u>7-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Desuda, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 8, 1950</u>		REGISTRAR'S SIGNATURE <u>Rathyn Vance</u>	
331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u>	
		ADDRESS <u>Desuda, Mo</u>	

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 14 1950  
Dist. File 750-799  
Date Filed 7-14-50

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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 not \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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.