

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 222

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage  
 c. LENGTH OF STAY (In this place) 18 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Jasper  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-McDonald Township 0490  
 d. STREET ADDRESS (If rural, give location) Route 1, Reeds, Mo.

3. NAME OF DECEASED  
 a. (First) HOWARD b. (Middle) HARDY c. (Last) EVANS  
 (Type or Print)

4. DATE OF DEATH Dec 27, 1950  
 (Month) (Day) (Year)

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
 8. DATE OF BIRTH July 23, 1886 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

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) Barton County, Missouri  
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME \_\_\_\_\_ 13b. MOTHER'S MAIDEN NAME \_\_\_\_\_ 14. NAME OF HUSBAND OR WIFE Florence Oliver Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
 16. SOCIAL SECURITY NO. none  
 17. INFORMANT'S SIGNATURE OR NAME Mrs. Howard Evans ADDRESS Rte 1, Reeds, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Intestinal obstruction  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Contusion of caecum with adhesions 18 days  
 DUE TO (c) Automobile accident on Dec. 9, 1950 18 days

II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left acetabulum 18 days

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 049  
 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident  
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) state highway  
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mrs. Donald Township Jasper Mo

21d. TIME OF INJURY Dec. 9 1950 3:30 p.m.  
 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR? Head-on collision

22. I hereby certify that I attended the deceased from Dec. 9 1950, to Dec. 27, 1950, that I last saw the deceased alive on Dec. 27, 1950, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE Charles W. Shell (Degree or title) MD  
 23b. ADDRESS Carthage, Mo  
 23c. DATE SIGNED 12-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial  
 24b. DATE Dec 31, 1950  
 24c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery  
 24d. LOCATION (City, town, or county) (State) Dudenville, Mo

DATE REC'D BY LOCAL REG. 12/28/50  
 REGISTRAR'S SIGNATURE R. B. Clinton M.D. 39  
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.

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

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RECEIVED 1-2-51  
Jasper County Health Office

County File Number 50-12-965

Date Filed 1-2-51

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.