

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27432

State File No.

FILED SEP 12 1951

Registrar's No. 141

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5578			
1. PLACE OF DEATH a. COUNTY Jasper 0490			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural - Joplin Twp		c. LENGTH OF STAY (in this place) 50yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		1490		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 Miles Webb City			d. STREET ADDRESS (If rural, give location) Rt 1 Joplin, Missouri 6				
3. NAME OF DECEASED (Type or Print) CRYSTAL		a. (First)	b. (Middle) MAY	c. (Last) EVANS	4. DATE OF DEATH (Month) (Day) (Year) September 1, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days 10 22	IF UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John F. Arnold		13b. MOTHER'S MAIDEN NAME Alice Almond		14. NAME OF HUSBAND OR WIFE Oscar Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Oscar Evans ADDRESS Rt 1 Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto accident, thrown from car with wheel on chest DUE TO (c) Skull fracture - left temporal region, fracture of left ear and chest 8244 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Skull fracture - left temporal region, fracture of left ear and chest 8244				INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-Way near home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highway 66 East of Webb City 3 1/2 Miles Jasper Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 / 1 51 / 1138		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by auto - thrown from car - to ditch with cratering over				
22. I hereby certify that I attended the deceased from 9-1, 1951, to 9-1, 1951, that I last saw the deceased alive on 9-1-51, 1951, and that death occurred at 12:12 p.m., from the causes and on the date stated above.							
23a. SIGNATURE D. Dawson M.D.			23b. ADDRESS Joplin Missouri		23c. DATE SIGNED 9-2-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri			
DATE REC'D BY LOCAL REG. Sept 2-51	REGISTRAR'S SIGNATURE C. E. Butcher M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis ADDRESS Webb City, Missouri				

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

RECEIVED 9-11-51
Jasper County Health Office

County File Number 51/9/715

Date Filed 9-11-51

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 *Leonard J. Lewis*

Licensed Embalmer No. 4561

P. O. Address *Wills City, W*

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.