

FILED SEP 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29846

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 112

277

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

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Booneville Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	
c. LENGTH OF STAY (In this place) <b>2 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>560 South English</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Ho spital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Benjamin</b> c. (Last) <b>Evans</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 17-51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Mar ried</b>	8. DATE OF BIRTH <b>Dec.13-1887</b>	9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operated Ne-Hi Bottling- Retired</b>			11. BIRTHPLACE (State or foreign country) <b>Marshall-Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Samuel Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Gates</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Greenlee Evans</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ben Evans - Marshall, Missouri</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Emphysema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b> <b>unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic bronchitis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>5020</b>	
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 **Sept 9, 1951**, to **Sept 17, 1951**, that I last saw the deceased alive on **Sept 17, 1951**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. Hubmann M.D.</b>		23b. ADDRESS <b>Booneville Mo</b>		23c. DATE SIGNED <b>9-18-51</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>9/19/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>		24e. REGISTRAR'S SIGNATURE <b>D. Hooper</b>		24f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Leslie Sussung Marshall, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-19-51</b>		REGISTRAR'S SIGNATURE <b>D. Hooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Leslie Sussung Marshall, Mo.</b>	

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-24-51

JUN 4 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *J. Leslie Sweeney*  
Licensed Embalmer No. *3235*

P. O. Address *Marshall, Wc*

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.