

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36895

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 111 PRIMARY REG.; DIST. NO. 4183 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Pacific</u>		c. CITY OR TOWN <u>Pacific</u> 0360	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Senil Delaney</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Senil Delaney</u>			

3. NAME OF DECEASED (Type or Print) a. (First) HARLAN b. (Middle) LEROY c. (Last) EVENSON 4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Sept 7, 1934 9. AGE (in years last birthday) 17 If under 1 year: Months - Days - Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at school 10b. KIND OF BUSINESS OR INDUSTRY Public School 11. BIRTHPLACE (State or foreign country) Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ludwig Evenson 13b. MOTHER'S MAIDEN NAME Cladis Cohlou 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Ludwig Evenson ADDRESS Pacific, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypoadrenism INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

ANTECEDENT CAUSES (b) \_\_\_\_\_

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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  NO  274X

21a. ACCIDENT (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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Aug. 6, 1951, to Nov. 16, 1951, that I last saw the deceased alive on Nov. 16, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS Washington, Mo 23c. DATE SIGNED 11/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-25-51 24c. NAME OF CEMETERY OR CREMATORY Senil Cemetery 24d. LOCATION (City, town, or county) (State) Pacific, Mo

DATE REC'D BY LOCAL REG. 11/24/51 REGISTRAR'S SIGNATURE Mary B. Knapp 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS \_\_\_\_\_

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

0360

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 28 1951

RECEIVED

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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

*Joe L. Thibbes*

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.