

FILED AUG 12 1952 REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **6290** Registrar's No. **38**

1300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY DALLAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUFFALO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural S. Benton 6390	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) BUFFALO MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Dale b. (Middle) Wayne c. (Last) Evans		4. DATE OF DEATH (Month) (Day) (Year) 8-3-1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 14 - 1948
9. AGE (In years last birthday) 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Laverne Evans	13b. MOTHER'S MAIDEN NAME Lillian Johnston	14. NAME OF HUSBAND OR WIFE none
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. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laverne Evans Buffalo, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of abdominal viscera		
	DUE TO (c) Run over by tractor		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. E9120 3			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 130	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Buffalo Dallas MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 3, 1952 5 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Run over by tractor
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22. I hereby certify that I attended the deceased from **8-3, 1952**, to **8-3, 1952**, that I last saw the deceased alive on **8-3, 1952**, and that death occurred at **5 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE D.O. Harrison	(Degree or title) MD	23b. ADDRESS Buffalo Mo	23c. DATE SIGNED 8-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-5-1952	24c. NAME OF CEMETERY OR CREMATORY Schofield Cem.	24d. LOCATION (City, town, or county) (State) DALLAS Co. MO.
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DATE REC'D BY LOCAL REG. 8-9-52	REGISTRAR'S SIGNATURE Ernest Peter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Montgomery-Vaughan Buffalo, Mo.
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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 *Elvade Montgomery*.....

Licensed Embalmer No. *3592*.....

P. O. Address *Buffalo, 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.