

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7821

State File No.

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>304</u>			
1. PLACE OF DEATH a. COUNTY <u>GREEN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>OKlahoma</u> b. COUNTY <u>Tulsa</u> c. CITY OR TOWN <u>8350</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Skiatook</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Box 468</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOBERT</u> b. (Middle) <u>F</u> c. (Last) <u>EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3-1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 13-1912</u>			
9. AGE (in years last birthday) <u>42</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fruit Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRUIT SALESMAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stone County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>J. W. Evans</u>			13b. MOTHER'S MAIDEN NAME <u>Dicie Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Evans</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>559-16-5531</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS? <u>Anna Evans Skiatook Okla</u>					
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laennec's Pastal Cirrhosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>			
				ANTECEDENT CAUSES		DUE TO (b) <u>Malnutrition</u>			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Acute</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		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 <u>3-23</u> , 19 <u>55</u> , to <u>4-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-3-55</u> , 19 <u>55</u> , and that death occurred at <u>6:20A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree of title) <u>W. J. Darr, M.D.</u>				23b. ADDRESS <u>609 Cherry, Springfield Mo</u>		23c. DATE SIGNED <u>4/4/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mans Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Case 8-1 M.D.</u>			
DATE REC'D BY LOCAL REG. <u>4-7-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS? <u>Wm. L. Marsh Grossa Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

APR 8 1928

APR 25 1928

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 Myself, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Osborn L. Mars

Licensed Embalmer No. 38

P. O. Address Amor

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.