

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29937**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **393**

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>COOK</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CALUMET CITY</b>	
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>RUBOL</b>	b. (Middle) <b>NEILY</b>	c. (Last) <b>EVANS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 29, 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 20, 1905</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOTEL</b>	11. BIRTHPLACE (State or foreign country) <b>TEXAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN EVANS</b>	13b. MOTHER'S MAIDEN NAME <b>DORA DAVIS</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. BELVA EVANS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. BELVA EVANS, CALUMET CITY, ILL.</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24h-</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Burns 3rd degree</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident.</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Carterville 249 Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 28 55 140A</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto accident</b>
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22. I hereby certify that I attended the deceased from **9-28-55**, 1955, to **9-29-55**, 1955, that I last saw the deceased alive on **9-29**, 1955, and that death occurred at **2534** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. J. Wilson M.D.</b>	23b. ADDRESS <b>1923 Surgeons</b>	23c. DATE SIGNED <b>9-29-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>9-30-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ATTICA</b>	24d. LOCATION (City, town, or county) (State) <b>ATTICA, INDIANA</b>
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DATE REC'D BY LOCAL REG. <b>9-30-55</b>	REGISTRAR'S SIGNATURE <b>by Roland Lamphier 138</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 55-10-670  
Date Filed OCT 3 1955

OCT 28 1955

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.