

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22467**

FILED JUL 9 1956

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 105		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 40yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		d. STREET ADDRESS (If rural, give location) 751 E. Vest		
d. FULL NAME OF HOSPITAL OR INSTITUTION 751 E Vest				d. STREET ADDRESS (If rural, give location) 751 E. Vest				
3. NAME OF DECEASED (Type or Print) a. (First) Leonard			b. (Middle) _____			c. (Last) Evans		
4. DATE OF DEATH (Month) (Day) (Year) June 30 56								
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 30, 1877		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Days 2		IF UNDER 24 HRS. Hours 2		IF UNDER 60 MIN. Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY General work		11. BIRTHPLACE (State or foreign country) Arrow Rock, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Issiac Evans			13b. MOTHER'S MAIDEN NAME Peggy Mitchell			14. NAME OF HUSBAND OR WIFE deceased		
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. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Alvin Green, Marshall, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 2 hours	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction						
		ANTECEDENT CAUSES						
		*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 (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"/>	
							4222	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 Jan 1914 , to June 27, 1956 , that I last saw the deceased alive on June 27, 1956 , and that death occurred at 12:30 PM , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C. L. Lawford, M.D.			23b. ADDRESS Marshall Mo.			23c. DATE SIGNED 7-2-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/2/56		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery,		24d. LOCATION (City, town, or county) (State) Marshall, Missouri		
DATE REC'D BY LOCAL REG. 7-2-56		REGISTRAR'S SIGNATURE Carl L. Read		25. FUNERAL DIRECTOR'S SIGNATURE George H. Green, Marshall, Mo.				

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

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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

George Beer

Licensed Embalmer No. *4770*

P. O. Address *Michell, 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.