

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **40341**

FILED DEC 12 1956

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4577		Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Taney			
b. CITY (If outside corporate limits write RURAL and give township) Branson		c. LENGTH OF STAY (in this place) 30 minutes		c. CITY OR TOWN Branson		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Skaggs Hospital				e. STREET ADDRESS (If rural, give location) 702 S. 3rd Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) E. John		b. (Middle) E.		c. (Last) Evans		4. DATE OF DEATH (Month) (Day) (Year) 12-3-56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 2-24-1880	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Physician		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Reuben L. Evans		13b. MOTHER'S MAIDEN NAME Levinia C. Moore		14. NAME OF HUSBAND OR WIFE Deane			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Del. King Branson		ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiac disease DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-3 1956 , to 12-3 , 1956 , that I last saw the deceased alive on 12-3 , 1956 , and that death occurred at 8:45 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Sp. D. Bennett M.D.				23b. ADDRESS Branson MO		23c. DATE SIGNED 12-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-56		24c. NAME OF CEMETERY OR CREMATORY Wingreen		24d. LOCATION (City, town, or county) (State) Branson MO	
DATE REC'D BY LOCAL REG. 12-8-56		REGISTRAR'S SIGNATURE Heleen Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Whitcheal Funeral Home ADDRESS Branson, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

119 23 18

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.....
Signature of Student Embalmer

Signed *Minnie L. Whelan*.....

Licensed Embalmer No. *227*.....

P. O. Address *Branson*.....

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.